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ABSTRACT

This annual serial publication of the Iowa School Social Workers' Association is dedicated to extending knowledge and improving practice of social work in educational settings. Volume six contains the following articles: (1) "A Self-Report Questionnaire For Group Work: Monitoring the Outcome of Group Work Intervention with Special Education Students" (C. McCullagh and B. Koontz); (2) "Inservice Programs for the Nineties and Beyond" (C. Struckman); (3) "Students on Medication: A Brief Introduction to Five Disorders Commonly Treated with Psychotropic Drugs" (D.Kernan and R. Palumbo); (4) "The Roots of School Social Work in New York City" (J. McCullagh); (5) "Cal-Pal: A County-Wide Volunteer Service Program" (J. Wilson and others); (6) "School Social Work in Early Childhood Special Education" (J. Clark); and (7) "School Social Work with Infants and Toddlers with Disabilities and Their Families: Major Roles and Key Competencies" (J. Clark). Volume seven contains: (1) "Unraveling the Licensing, Credentialing, and Certification Maze: A Guide for School Social Workers" (J. Clark); (2) "Cognitive-Behavioral Treatment of Attention Deficit Hyperactive Disorder with an Elementary School Students" (T. Kremer); (3) "National Association of Visiting Teachers: The Early Years, 1916-1930" (J. McCullagh); (4) "Cal-Pal Update" (J. Wilson); and (5) "War against the Schools: Academic Child Abuse (K. McElligatt). Volume 8 contains: (1) "Stress Debriefings for School Professionals Involved in Traumatic Event Response" (S. Heer); (2) "The Intervention Model of School Social Work as Used by Green Valley Area Education Agency 14" (D. Harrington and others); (3) "The Formation of the School Social Work Association of America" (C. Struckman); (4) "School-Based Assessments and Interventions for ADD Students" (K. McElligatt); (5) "Stop, Relax, and Think" (L. Hight); and (6) "Time out: Abuses and Effective Uses" (S. Sickels). (RB)

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Iowa Journal of School Social Work, 1993-1995

Editors

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EDITORIAL COMMENTS

Yes, we are still here!! We have received numerous letters over the past months wondering if The Iowa Journal of School Social Work is still in existence. This issue has been long in production due to a marked reduction in manuscripts submitted for publication. The wait has been well worth it, as a brief thumbing through of this issue will attest.

There are more reasons than ever to submit manuscripts for publication. School social workers in the state of Iowa are facing ever increasing challenges. The impact of reduced or questionable funding for our services and the now state-wide Renewed Services Delivery System initiative are challenging us more than ever to be innovative in our service delivery. School social workers are meeting these challenges in a variety of exciting and innovative ways. Articles in The Journal are an excellent way to share these innovations with other school social workers and to document the effectiveness of our work.

Transition and change has been a theme for 1992-1993 thus far. We have new leadership at the national level. The Journal is also ushering new leadership. Cheryl McCullagh and Gary Froyen are both experienced school social workers with Area Education Agency 7. They bring with them polished editorial and computer skills, new energy and ideas that will greatly enhance future publications of The Journal.

Sara A. Andreasen
Manuscript and Managing Editor

Editor's Note: Letters to the Editor are welcome. Send to Letters, IJSSW, P.O. Box, 652, Cedar Falls, Iowa 50613-0652.

A SELF-REPORT QUESTIONNAIRE FOR GROUP WORK: MONITORING THE OUTCOME OF GROUP WORK INTERVENTION WITH SPECIAL EDUCATION STUDENTS

Cheryl Edwards McCullagh
Bea Ager Koontz

ABSTRACT

The authors present a self-report questionnaire that they developed to document student change during and after process group work intervention with special education students. Construction, validity and reliability issues are addressed. Research results pertaining to group stages and I.E.P. objectives are presented.

Group work in some form has been included in the practice activity of social workers since the early days of the profession. Group work skills have been refined over the years and applied with various client groups and specific populations. In recent years Iowa has become a leader in group work endeavors with students in special education due, in great part, to the initiatives of social worker Phil Piechowski and psychologist Tom Ciha (1988). These two men organized efforts to train various professional persons in the field of special education to lead groups that focus on process interaction (therapeutic interaction among leaders and students), which facilitates developmental growth across many areas. The current mandatory emphasis in special education on progress monitoring and outcome analysis (1) encourages research relating to the effectiveness of group work intervention with special education students, and (2) necessitates the development of individual education goals and objectives that allow critical scrutiny.

WHY THIS QUESTIONNAIRE?

The authors have conducted junior and senior high problem-solving, therapeutic or counseling groups during the last 4 years for students who have been identified as learning disabled and behaviorally disordered. It has become increasingly evident to the authors that outcome analysis of group activity is needed to (1) guide the intervention decisions which will affect the progression of group stages and achievement of I.E.P. objectives, (2) help group leaders to analyze the overall effectiveness of the group work interventions, and (3) generate and encourage administrative support of group work with special education students.

The authors searched for evaluation/assessment instruments that would help to determine the effectiveness of group work with students in special education. A few evaluation-oriented questionnaires were found. These evaluation questionnaires fell into three general categories:

1. Co-leaders are asked to evaluate one another's skills;
2. Leaders are asked to evaluate the general effectiveness of the group experience from their points of view;
3. Student participants are asked to evaluate their own behaviors/performance in the group.

Authorship citations for these questionnaires are rare. Moreover, the questionnaires do not appear to be particularly useful for assessing the effectiveness of group work with special education students. The reading level requirement of all of these questionnaires is beyond the skill level of most special education students with whom the authors have worked. The questionnaires also anticipate an understanding of self that is beyond the developmental level of many, if not most, of the students with whom the authors have worked. In addition, the authors believe that the questionnaires do not address the totality of the group experience.

An Online Bibliographic Search was conducted in February 1990, to seek information about assessment activity for group work with special education students. A paucity of publications about this subject was found, and no publications were directly useful for the authors' intended evaluation needs. This lack of emphasis on assessment in group work has been addressed pointedly by Rose (1981). At this point, the authors developed a questionnaire to document self-reported student change during and after group work intervention. The questionnaire is presented below:

Name: ______________________________ Date: ____________

SELF-REPORT GROUP ASSESSMENT QUESTIONNAIRE

	Never	Sometimes		Always	
1. I made helpful suggestions to other group members.	1	2	3	4	5
2. I tried to help another group member solve a problem.	1	2	3	4	5
3. I shared my feelings with the group.	1	2	3	4	5
4. I talked about things that interest me.	1	2	3	4	5
5. I talked about things that are fun to do.	1	2	3	4	5
6. I talked about my family.	1	2	3	4	5
7. I talked about a problem I was having.	1	2	3	4	5
8. I talked about what was happening in my classes.	1	2	3	4	5

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Self-Report Questionnaire

	Never	Sometimes		Always	
9. I told another group member that I didn't agree with what he/she said or how he/she was behaving.	1	2	3	4	5
10. I was a good listener.	1	2	3	4	5
11. The group helped me to think about how to solve a problem.	1	2	3	4	5
12. People in the group listened to me.	1	2	3	4	5
13. I got to know group members better.	1	2	3	4	5
14. I trusted the group leaders.	1	2	3	4	5
15. I trusted the group members.	1	2	3	4	5
16. I heard that other group members sometimes feel the same way I do.	1	2	3	4	5
17. I tried to be honest in the group.	1	2	3	4	5

18. I wish we had talked more about ______________________________
____
____

19. The worst thing about group was ______________________________
____

20. The best thing about group was ______________________________
____

21. If a group experience is offered next year, would you be interested in being a member of the group? ____ Yes ____ No

22. Other comments:
____
____
____
____

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Beatrice Koontz and Cheryl McCullagh

CONSTRUCTION ISSUES

Questions are formulated to address group members' attitudes, beliefs and feelings about their

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specific group participation behaviors. A Likert Rating Scale is used to offer choice about varying degrees of group participation. Students are also given the opportunity to comment or make suggestions concerning the group experience.

Usually, a questionnaire includes both positively and negatively stated questions and also a "lie"-scale. For this questionnaire, only positively stated questions are used so that students are not confused and the response-error possibilities are not irritated. A significant number of students in special education have serious cognitive processing difficulties. The questionnaire is therefore constructed with a patterned response choice, acknowledging that this might impact the reliability of the questionnaire.

A readability level analysis was done using Fry's Readability Technique (1980) and the Dale Chall Readability Formula (1980). The estimated Dale Chall Readability grade equivalency is 4.8, the Fog Index is 3.5 and the Flesch grade level is 1.3. The average grade level of these measures is 3.2, which is consistent with or lower than the measured independent reading levels of the special class students (especially those with learning disabilities) with whom the authors work. Still, in junior high groups, the leaders frequently need to read the questionnaire to the group members.

VALIDITY AND RELIABILITY ISSUES

The authors are in the beginning stage of determining the validity and reliability of the questionnaire. The questionnaire is written with group process theory in mind, and the authors assert that it has construct validity in conforming to group theory based on research analysis to date. In process groups, trust must be established and participants need to listen and to self disclose. As these behaviors occur in group members, the group moves through demarcated stages that reflect the growth of the group and its effectiveness for group participants (Piechowski and Ciha, 1988).

The questionnaire is scored by adding the ratings for the questions that relate to these three stages of process groups and dividing by the number of questions to determine the average for each student. Averages are added and the sum is divided by the number of group participants. The goals of process groups as they relate to specific questions on this questionnaire are noted as follows:

- trust: questions 9,14,15,17
- listening: questions 1,2,10,11,12,16
- self disclosure: questions 3,4,5,6,7,8

During the 1990-91 school year, the questionnaire was administered with the 7-month-long high school group in January and again in May, so that the authors would be able to assess individual and total group growth at mid-year and end-year (Table 1). At mid-year this assessment was most helpful in leading a discussion with group participants about their expectations for the group. Group members were alerted also to behavior changes they needed to make in order to ensure that their I.E.P. objectives would be accomplished.

Table 1 1990-91 High School Group

Questions	Jan. 1991		May 1991	
	Range	Average	Range	Average
Trust	3.25 - 4.00	3.6	2.25 - 4.25	3.4
Listening	2.00 - 3.43	2.8	2.71 - 3.86	3.2
Self Disclosure	1.33 - 3.50	2.4	3.00 - 3.67	3.3

The questionnaire was given to the 1992 junior high group participants on February 21, March 6, and April 23 (the group was begun on January 23). The results are profiled in Table 2.

Table 2 1992 Junior High Group

Questions	2-20-92		3-6-92		4-23-92	
	Range	Average	Range	Average	Range	Average
Trust	3.0 - 4.0	3.5	3.5 - 4.3	3.9	3.0 - 4.8	3.7*
Listening	2.7 - 3.5	3.2	2.7 - 4.0	3.3	2.8 - 3.8	3.5
Self Disclosure	2.2 - 3.7	3.0	2.5 - 2.8	3.0	2.8 - 4.0	3.6

* (One form was incomplete.)

Results from the 1990-91 high school and 1992 junior high school groups are consistent with the progression of stages in process groups. In the initial stage, trust must be established. In the working stage, listening is important. In the final stage, self disclosure leads to increased problem-solving activities. Such stage progression is reflected in both groups. In earlier group stages, questions related to trust were scored higher than those related to listening or self disclosure, so the initial stage goal was met. Toward the end of both groups, the scores are consistent for all three goals, suggesting that both groups did conform to process group stages and that the questionnaire reflected students' progress through these stages.

Criterion-related validity is being addressed by considering how the group work questionnaire correlates with other measures. Informal discussions with special class teachers about their assessment of student growth helps to determine if the questionnaire has concurrent validity. Predictive validity may be evident in correlation with graduation rates or success in integrated classes or at work sites. The authors are gathering such information.

Perhaps the major drawback to any discussion of validity in the use of such a measure is the difficulty in generating either a random group or a matched group with controls. All students who are recommended by their special class teachers for inclusion in a group are interviewed. Only students who express willingness to participate are chosen. Students are "screened out" if their needs obviously would not be met in a process group, i.e. if students have severe verbal or emotional deficits. Because students most likely to profit from the group experience are chosen, the authors cannot claim to have matched controls in those students who are not in group. Ethically, the authors cannot deny students an opportunity to be in group if the only reason for their non-selection is to generate controls. Also, it should be noted that many other events have an impact on group members both at home and school. Therefore, even those students with documented positive change during the school year may have exhibited such change with or without the group experience.

To determine the consistency of measurement (reliability) of the questionnaire, the authors have attempted to use correlation with equivalent forms; however, since no similar instruments were found, the authors have used the Achenbach Teacher's Report Form (1980) and Youth Self-Report Form (1981). These were completed by students and teachers in their special classes at the beginning and end of the school year for 2 years and included all students interviewed for group, whether or not they participated. Of the seven students who were interviewed in 1989-90, five participated in group and two did not. All of the behaviors of significant concern on the Achenbach Teacher Report Form declined from fall to spring. The self ratings on the Achenbach Youth Self-Report Form rose (increased in degree of significant concern) for the two non-group members and for one group member. The other four group members' scores declined on the Youth Self-Report Form. In the 1990-91 school year, some forms were not returned by teachers and some students also refused to complete the Achenbach Self-Report Form, so results are inconclusive. This does, however, demonstrate the difficulty of repeated administration of longer questionnaires by or from classroom teachers.

Such anecdotal information with a small number of students does not generate definite conclusions. It suggests increased compliance throughout the school year by students, as viewed by their special class teachers. It also reinforces the authors' belief that students and teachers may not agree on the amount or direction of change that a student undergoes. This has strengthened the authors' resolve to measure group work effectiveness by asking the student participants to rate their own degree of change.

QUESTIONNAIRE-RELATED INDIVIDUAL EDUCATION PLAN OBJECTIVES

The questionnaire is now being used to formulate and monitor the outcome of I.E.P. objectives for group members. The I.E.P. objectives are written with the group experience in mind. They also reflect, of course, the specific student need that precipitated the consideration for the appropriateness of a group experience for the student. Student needs (and I.E.P. objectives) may fall into areas related to trust, listening, and self disclosure, i.e. areas that impact the evolution of group stages. The questionnaire's apparent capacity to reflect the progression of group stages affirms the reliability of students' answers related to trust, listening and self disclosure, especially as those answers become positive over time. The questionnaire may also address student objectives that reflect the need for growth in areas such as assertiveness and problem-solving skills. The group setting is fertile ground for the development of such skills.

Case examples of questionnaire-related I.E.P. objectives are presented below. Students A and B demonstrate the use of questions related to group stage in the formulation of I.E.P. objectives and the monitoring of student growth. Student C's objective focuses specifically on problem-solving behaviors, which the authors have not analyzed in terms of group stages. Future research may relate such problem-solving activity to group stage growth.

If practitioners want to use the questionnaire simply as a self-report instrument, the questions that are "pulled out" to address a specific I.E.P. objective will depend on the practitioner's evaluation of which questions best address the student behaviors that require assessment. Practitioners are encouraged to use professional judgement at this point. Aside from the authors' selection of questions related to trust, listening and self-disclosure skills, the following questions may be related to positive problem-solving and assertiveness behaviors:

- Problem Solving: Questions 1,2,3,7,9,10,11,17
- Assertiveness: Questions 1,2,3,7,9,17

Questionnaire-related student scores are calculated in these cases by averaging the percentage scores on responses to those questions that address a specific skill area. The following percentages are assigned to the Likert Scale responses:

1--Never--0%
2--Never-Sometimes--25%
3--Sometimes--50%
4--Sometimes-Always--75%
5--Always--100%

The issue of reliability has not been addressed by the authors for problem-solving and assertiveness behaviors.

Student A (Listening or Attentive Behaviors)

Present Level of Performance: Student A withdraws from or ignores any problem situation in school 50% of the time, according to his teacher.

Objective: Student A will attempt to provide positive solutions at least 75% of the time for problems encountered at school. This activity will occur in a group work setting, using listening and attentive behaviors in problem-solving discussion with other group members and will be evaluated by use of a student self-response questionnaire.

The questionnaire was administered at the end of the group experience. Student A responded to listening questions 1,2,10,11,12,16, averaging 96%. According to the student's self-report answers on the questionnaire, the I.E.P. objective was met with success.

Student B (Self Disclosure)

Present Level of Performance: Student B verbalizes feelings rarely, according to the classroom teacher. Instead, he exhibits physical attention-seeking and disruptive behaviors at least 3 times in a 45-min period.

Objective: Student B will verbalize feelings and thoughts about his experiences at least 50% of the time in the group work setting, measured by use of a self-report questionnaire.

The group work questionnaire was administered on three occasions to assess the progress of group stages and to address I.E.P. objectives. Student B answered self-disclosure questions 3,4,5,6,7,8 as follows (averages) on the dates noted below:

2-20-92--29% 3-6-92--42% 4-23-92--46%

Student B's objective was within 4 percentage points of being met. Still, group leaders noted his significant progress in the area of self-disclosing behavior during the group experience.

Student C (Problem-Solving Skills)

Present Level of Performance: Student C refuses 100% of the time to engage in problem-solving activity about peer-related problems encountered at school, according to her teacher.

Self-Report Questionnaire

Objective: Student C will attempt to discuss problem situations with peers at school and provide positive solutions to such problems at least 75% of the time in a group work setting, using problem-solving discussion with other group members. This behavior will be evaluated by use of a student self-report questionnaire.

When the questionnaire was administered to Student C at the end of the group experience, she responded to questions 1,2,3,7,10,11,17 with a 5 or "Always" rating, indicating 100% of the time. She responded to question 9 with a 3 or "Sometimes" rating or 50% of the time. The average response rating was 94%. The I.E.P. objective was met with success, according to the student's self-reported answers on the questionnaire.

This questionnaire may be administered frequently or infrequently to allow students to assess their own group-related behavior. The authors have administered the questionnaire to several groups only once during the group, typically at the end of the group experience. Certainly, a mid-group and end-group administration of the questionnaire would reflect individual student progress and group stage movement. It should be noted, however, that too frequent administration of the questionnaire may remeet with negative student reaction and may not reflect significant behavioral change. Frequent administration of the questionnaire may not view a smooth, positive growth response by the individual student or the group as a whole due, in part, to the crises points that occur as groups (and individuals) shift from one developmental stage to another. Regardless, group leaders themselves may document student change by tallying specific student behaviors as noted on the questionnaire.

CONCLUSION

Theoretically, the use of this questionnaire can facilitate a student's self-awareness and ownership of behavior, as well as the ownership of I.E.P. objectives. Encouraging students to evaluate themselves is a strong, direct statement to students. That statement carries the message that students are indeed capable and free to choose their own behaviors and that the professionals who work with them value and respect their ability to assess responsibly of their own behaviors. This statement to students is a self-esteem building intervention.

The authors acknowledge that the presentation of the above data is premature but are motivated by the critical need for assessment in the intervention area of group work. Conclusions to date are as follows:

1. The questionnaire-related self report of students is an accurate indicator of change and can be used effectively in I.E.P. activity;
2. The questionnaire can provide information about stages achieved in process groups and can assist group leaders with "troubleshooting" interventions to facilitate the growth of groups;
3. The questionnaire is more helpful to group leaders than other assessment instruments because it is specific to group work;
4. Students can be engaged effectively in monitoring their own growth.

More data is needed to substantiate the effectiveness of group work intervention. Research regarding group work intervention historically has been slow. Special education practitioners have real problems finding time to do group work in schools. Space is limited very frequently. The paperwork can be arduous. Administrative support (both AEA and LEA) may be weak. The call, then, is for trans-disciplinary professional collaboration that is imbued with trust and respect. The call is also for research activity.

The authors are making this questionnaire available to school professionals who are conducting problem-solving, therapeutic, process groups. The questionnaire has already been published in the I.S.P.A. Newsletter (Koontz and McCullagh, 1992). The authors waive copyright restrictions and request that any professionals who use the questionnaire inform the authors of results or conduct their own research with aim toward publication of results.

Instrumentation--or the development of a questionnaire that is truly reliable and valid and that can be used to do meaningful research--is a difficult and complicated process. The authors emphasize that the effort described above is just a beginning and that the questionnaire will no doubt be refined. The authors are committed to effective intervention with special education students and call on the professional community to support research to affirm the effectiveness of group work intervention.

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BUILDING INSERVICE PROGRAMS FOR THE NINETIES AND BEYOND

Charlene Struckman

ABSTRACT

This article briefly describes current practices of school social workers in the development of inservice training in Iowa. A review of the literature on staff development describes the types of inservice training that can be offered and lists those approaches that have been defined as "best practices" in the literature. Based upon the literature review and current practice in Iowa, a list of five best practices for school social workers in the development of inservice programming is presented.

Inservice staff development programs are vital to the future of school social work practice. Ongoing training is needed for school social workers to effectively provide services to schools, students and their families. The National Association of Social Workers, in Policy Statement 7, set professional standards for social work services in schools (National Association of Social Workers, 1978). Standard 3 states: "School Social Workers Shall Acquire and Extend Skills That are Appropriate to the Needs of Pupils, Parents, School Personnel, and Community" (Ibid., p.4). Standard 19 states: "Social Workers Shall Assume Responsibility for their Own Continued Learning and Shall Foster Among Themselves a Readiness to Adapt to Change" (Ibid., p.13). These mandates for quality school social work services further emphasize the need for staff development.

Although staff come from high quality pre-service M.S.W. programs, only entry level skills can be developed in the time allotted to pre-service training. The competent social worker develops over time through the crucible of experience. Staff development programs enable school social workers to reflect upon that experience and to utilize it to develop new and more effective approaches toward intervention.

Many of the skills required in school social work are idiosyncratic to education or to a particular agency (Reid, Parsons, and Green, 1989). Many of the skills listed in the N.A.S.W. policy statement are unique to education (National Association of Social Workers, 1978). Therefore, staff need training to prepare themselves to adapt traditional social work practice to a school setting. Particularly, in the first several years on the job, staff must learn a great deal about the education system in order to function effectively in schools.

Professional advances in social work and education also require ongoing training in order for staff to keep skills up to date. It has been estimated that the half-life of knowledge and skills in the helping professions is five to eight years (Hynd, Pielstick and Schakel, 1981). The Special Education Innovations, School Transformation and the new Individual Education Plan formats are examples of a host of changes in schools and special education that have impacted school social workers in recent years.

In addition, after a number of years on the job, all professionals, including school social workers, are prone to de-motivation, a loss of enthusiasm and a leveling off of job performance (Evans, 1989). As school social work staff reach midcareer, special attention needs to be given to the motivational aspects that may affect current job performance, as well as the acquisition of new skills. School social workers, as well as other educators, need training and support in order to accommodate the changes taking place in their work environment and to resist the tendency to become discouraged and less motivated.

Providing a high quality staff development program is the responsibility of the Area Education Agency and the discipline supervisor. However, an understanding of the components of effective inservice training can empower the school social work practitioner to ask for the type of training he or she needs to meet the changing demands of the profession, as well as to be able to more effectively use the staff development programs that are offered. In the final analysis, producing high quality inservice training is a responsibility shared by the discipline supervisor and the staff.

CURRENT PRACTICE

Current staff development activities vary widely across the state of Iowa. In general, however, school social work supervisors are vitally involved in planning and providing inservice training. An informal telephone polling of several school social work supervisors in Iowa revealed that they often superform this function in conjunction with other supervisors within the agency. Much of the inservice provided to school social workers in Iowa is with other disciplines. In most cases at least a part of the inservice program is for school social workers only.

A few agencies share inservice programs with outside agencies. This increases the base of finanacial resources needed to bring in high quality, nationally known presenters. It also increases the good feelings and cooperation between agencies that share a similar mission.

The amount of inservice varies from 1 to 2 days in some agencies to 8 or more days in others. Programs are usually provided within the area agency during normal working hours. However, some are provided in other community sites or in LEA settings. At least one agency provides paid inservice time that can be completed in the evenings and on weekends.

Inservice presentations often are made by outside specialists. They are also made by agency staff who have developed expertise in a particular area. Often agencies send staff persons to conferences or to meetings sponsored by the Department of Education to gain skills that can be shared with the rest of the staff when they return. Due to the need for financial efficiency, most inservice programming is provided in a large group situation. However, at least one agency is experimenting with intensive small group training.

In many AEA's, opportunities for inservice training are being provided through mentoring relationships and peer consultation. Group work projects in several AEA's utilize a group peer consultation format. This structure brings small groups of school social workers together to share practice experiences and to receive and provide feedback from peers.

All school social work supervisors engage in either formal or informal methods of need assessment. This process enables staff to participate in deciding what kind of training is needed. Across the state all AEA's provide staff development activities. Discipline supervisors take a leadership role, but all staff members are able to impact the staff development that they receive.

LITERATURE REVIEW

Information Transition

Korinek, Schmid and McAdams describe several basic types of inservice training (1985). The first "information transmission" is intended to increase the knowledge of a specific group. Generally, information is verbally presented through a lecture, demonstration or panel discussion in a classroom-like setting. There is usually only a minimal amount of audience participation. Sessions typically last 3 hours or less. This type of training is set up like the traditional school classroom.

Verbal instruction can also occur on a 1-to-1 basis or within a small group. An opportunity for an ongoing question-and-answer process enhances the individualization of the training based on specific staff needs. Being able to discuss and understand the requirements of a skill does not insure that an individual will be able to perform it (Reid, Parsons & Green, 1989).

Another popular way to transmit information is through written instruction. This can be presented in a variety of formats, including self-instructional manuals, commercially available books, published papers and memos to staff (Ibid. and Austin, 1981). Written instruction has a number of advantages. It eliminates the need for a trainer, and it can provide a permanent reference for staff; however, professionally published materials may be too general to be of value. Also, there is no opportunity for clarification and/or discussion. Finally, written materials are only effective if they are actually read.

Skill Acquisition

The second type of inservice, "skill acquisition," strengthens existing skills or imparts new skills. This type of inservice may be scheduled over several days, in a series of sessions and may demand active rather than passive involvement of participants (Korinek, Schmid and McAdams, 1985). This type of training may provide performance modeling (Reid, Parsons and Green, 1989). Performance modeling can be achieved through a simulated demonstration in the training session. This may involve role playing or the use of videotaped materials. It can also occur on the job through shadowing, which involves peer observation (Barnett, 1990).

There are advantages of performance modeling. It is easier for staff to comprehend what must be done if the experience can be witnessed or modeled to observers. If the demonstrator has to adapt to unanticipated environmental events, the staff can witness how that adjustment is made. Some disadvantages include finding trainers who are comfortable with modeling skills and having the technical ability to provide filmed or videotaped situations.

In "skill acquisition," opportunities for performance practice may also be provided. Performance practice involves opportunity for the trainee to rehearse the targeted skills (Reid, Parsons and Green, 1989). The performance practice may occur in an actual or simulated work environment. Performance practice enables the trainer to assess if the trainee has learned the targeted work skill. It also gives the staff person confidence in his/her ability to implement the procedure being trained. Among the disadvantages are the need for small groups and the discomfort staff may feel about demonstrating the skill in front of the trainer or peers. In addition, the fact that a skill has been acquired does not necessarily mean that it will be performed on the job (Korinek, Schmid, McAdams, 1985).

Behavior Change

The third type of inservice "behavior change" involves transferring the newly learned skills to the work situation. This may utilize components from the first two types. This type of training is more likely to occur in the job situation and to involve active participation through performance modeling and performance practice. This type of training is more costly, time consuming and requires the most commitment from all concerned.

Joyce and Showers (1988) have extensively researched the issue of behavior change or implementation in the area of teacher inservice. They have discovered that when the theory of a curriculum or strategy is adequately explained and when there is an opportunity to see multiple demonstrations and to participate in practice in the training situation, almost all teachers develop sufficient skill to enable classroom practice of the new techniques. Often, however, the new skills fail to become a permanent part of the teacher's skill repertoire. Unlike earlier researchers, Joyce and Showers have felt that the teacher's failure to transfer the new skills is due to characteristics of the work place rather than personality characteristics of the teacher (Showers, 1990).

Joyce and Showers developed a new component to staff development activities that continues long after the intensive training is over and that increases the chances of implementation. They developed a "coaching" follow-up training program that organizes teachers into self-help teams that share analysis of existing curricula in search of appropriate situations to utilize the new strategies.

In addition, they encourage the opportunity to watch colleagues teach the use of new strategies. The researchers hypothesized that, given the isolation in which most classroom teachers work, providing opportunities for substantive collegial interaction would provide the thoughtful integration needed to actually use the new knowledge (Ibid.). This hypothesis was confirmed. Eighty percent of the coached teachers implemented the new strategies as compared with only 10% of the uncoached teachers

(Showers, 1982, 1984). In addition, substantial improvements in student learning were achieved. The number of students passing their grade based on district requirements rose from 34% to 72% at the end of the 1st project year and to 95% at the end of the 2nd project year (Showers, 1990).

The Joyce and Showers research produced a new ideal paradigm: presentation of a theory, demonstration of a skill, protected practice, feedback and coaching (Lambert, 1989). Even as research about adult learning showed that many repetitions were needed to learn a new skill and that direct instruction alone is ineffective, the preferred methods of staff development remained passive (Ibid.). The Joyce and Showers "coaching" concept emphasizes active involvement. That involvement includes participants talking about their own thinking and teaching, initiating change in the school environment, contributing to the knowledge base and sharing in the leadership of the school (Ibid.).

This concept of "empowerment to motivate and energize staff" occurs throughout the staff development literature in both education and business (Foster, 1990, Joyce, 1990, Kizilos, 1990, Lambert, 1989, Miles and Seashore, 1990, Showers, 1990, and Simpson, 1990). This emphasis on empowerment mandates significant changes in the climate of the work place. Grant Simpson describes significant aspects of the culture sustaining change in DeKeyser Elementary School (1990). These include sharing and collegiality, empowerment and leadership (Ibid.). Collegiality included regular time and structures for joint planning. Empowerment involved the addition of concerns based staff meetings where teachers could confront important issues. Joint expectations about important issues such as teacher evaluations have evolved from these meetings. The leadership style is committed to partnership and nurturance (Ibid.). According to Joyce (1990), those aspects of school climate that facilitate the transfer of new skills include self-determination, supportive administration, a high degree of internal communication, time and opportunity to observe others and the expectation that everyone will make a contribution.

Best Practice Principles

Several literature review efforts to develop a best practices framework for staff development have been attempted (Hutson, 1981, Korinek, Schmid and McAdams, 1985). Conclusions point to the fact that inservice programs should be explicitly supported by administrators (Hutson, 1981, Korinek, Schmid and McAdams, 1985). Commitment is needed from administrators at all levels to legitimize, coordinate and recognize the efforts of participants. Their support is particularly critical when behavior change is planned, so that they can fight for the resources and the time needed to achieve those changes.

Rewards and reinforcement play an important role in staff development programs (Korinek, Schmid and McAdams, 1985). According to Hutson, intrinsic professional rewards are more effective than extrinsic rewards, such as released time or extra pay. Intrinsic rewards may mean new responsibilities or public recognition. It is also important to eliminate disincentives, such as inconvenient times or poor facilities. Commitment is further enhanced if participation is voluntary.

Participants should be fully involved in helping to plan the goals and activities of inservice training. This may be accomplished through formal or informal needs assessments. If participants are more involved, they have a greater sense of ownership and commitment to change (Korinek, Schmid and McAdams, 1985). The goals and objectives of the inservice program should be clear and specific and in harmony with the overall direction of the agency or department (Hutson, 1981, Korinek, Schmid and McAdams, 1985). Activities that are part of a general effort of the organization are more effective than "single shot" presentations (Ibid.).

Evaluation should be built into each inservice. The evaluation should be a collaborative effort aimed at planning and implementing programs (Hutson, 1981). Evaluation formats should inquire about how the skills that are learned at the inservice will apply to the participants' job and what further topics related to this topic should be addressed. Professional growth activities should include the local development of materials within a framework of collaborative planning by participants (Hutson, 1981). The idea is to avoid "reinventing the wheel" by modifying and adjusting new strategies to current practice.

Inservice trainers should be competent (Ibid.). Research indicates that the staff themselves or other practitioners are more successful trainers than are administrators or university professors. The process of inservice education should model good teaching through active learning, the use of self-instructional methods, allowing freedom of choice, utilizing demonstrations, supervised trials and feedback (Ibid.).

Inservice education should follow a developmental rather than a deficit model (Ibid.). Those being inserviced should be viewed as competent professionals who are participating in growth activities to become stronger. These existing strengths should be emphasized.

STAFF DEVELOPMENT BEST PRACTICES FOR SCHOOL SOCIAL WORKERS

Based upon the literature review and the current practices of inservice programming for school social workers, a number of best practices can be formulated.

1. **The school social work supervisor should plan inservice programming collaboratively with staff and participate fully in it.** Collaboration may be achieved through informal discussion, committee work or formal needs assessments. Collaboration implies more, however, than simply choosing among proposed topics. Staff should be involved in planning the amount of training needed, the goals of the training, the selection of materials and presenters and the creation of a plan for implementation.

2. **Rewards and reinforcement should be an integral part of the staff development program.** The emphasis should be on intrinsic rewards such as new responsibilities, opportunities for leadership or public recognition. Extrinsic rewards such as released time or extra pay may also be utilized but should not be presumed to insure staff commitment.

3. **The goals of the staff development program should be clear and in harmony with the overall direction of the agency.** Under optimal conditions staff throughout the agency will be involved meaningfully in setting the agency's course.

4. **The format for staff development should be based on the theory, demonstration, practice, coaching model proposed by Joyce and Showers (1988).** This would indicate a combination of types of inservice, including information transmission, skill acquisition and behavioral change. Providing staff opportunities to work in small study teams where current practice is articulated and discussed with a view to integrating new approaches optimally exemplifies this approach. The use of this approach enables school social workers, often working in isolation from each other, to have more opportunities for mutual support.

5. **Staff development program should demonstrate good social work practice.** Good social work practice energizes clients and empowers them to take charge of their lives. The best staff development program would empower school social workers to utilize their skill and knowledge to reshape practice as new conditions dictate. The underlying principle in this approach is respect for the skills and experience that the staff already possesses rather than a preoccupation with presumed "deficits."

CONSIDERATION FOR THE FUTURE

In many AEA's the movement toward the types of staff development suggested in this paper is well underway. Social work supervisors have already creatively utilized their meager funds designated for staff development, state grant funds and Phase III money to provide high quality staff training programs. Coordination with other AEA's or other community agencies has also increased the total resources available to provide quality training. Supervisors have utilized small group process, mentoring, case sharing, as well as verbal presentations, written material and video taped programs to provide training at all three levels--knowledge, skill development and behavior change. However, the true empowerment of staff in most AEA's is still a recognized goal that is characterized more by intention than by action. Among the constraints are agency requirements, discipline rivalry and a lack of time for planning.

Many changes are taking place in education through School Transformation and Special Education Innovations. Staff development is more important than ever before to help school social workers to continue to meaningfully contribute to education. Use of the best practices described above will insure that school social workers will receive staff development activities that are successful and relevant for their needs. School social workers must be empowered to take charge of their practice within changing school situations. They must learn to work together with each other and with other disciplines to provide the high quality of services to children and families that have characterized school social work practice in the past.

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STUDENTS ON MEDICATION: A BRIEF INTRODUCTION TO FIVE DISORDERS COMMONLY TREATED WITH PSYCHOTROPIC DRUGS

Delma Kernan
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ABSTRACT

In their role as liaison between school and family, school social workers are frequently called upon to collect medical/developmental histories and to interpret medical information for the student, his/her family and other members of the special education team. This paper focuses on five common psychiatric disorders of childhood: attention deficit disorders, depression, anxiety, seizures and tic disorders. It offers a general introduction to the psychotropic medications usually prescribed for these disorders.

INTRODUCTION

A recent survey by the National Association of Psychiatric Hospitals (1988) revealed that families find it difficult to admit that their children need professional psychiatric help. Seventy-three percent felt that parents do not seek professional help for children because they do not want anyone being aware of their child's behavior. Fifty-seven percent felt that problems of mental illness in children are an embarrassment to their families. From these results it is clear that the stigma attached to psychiatric treatment in our society is still quite strong.

On a more positive note, it also appears that this stigma is not strong enough today to interfere with the rational decision to get appropriate help. Ninety-three percent of those surveyed said they would seek professional help immediately if they recognized that their child had a mental illness, and 91% said they would immediately ask for professional help if they recognized that their child had a drug or alcohol problem. Seventy-four percent agreed that parents today are more concerned about children's problems and are seeking professional help more frequently. Ninety-five percent felt that people need to know more about the problems of mental illness, such as depression and violent behavior. Ideally, the child will benefit more when family, child and school can work together; the medical community can be an aid and support to all three.

This paper will focus on medications as part of the student's Individual Education Program (I.E.P.). School personnel need to know when a student is on medication, and it usually falls to the school social worker to secure releases of information to physicians. Therefore, this paper will attempt to provide a brief survey of the more common conditions, the medications used to treat them and possible side effects. This information can help professionals to understand what changes in behavior to expect, what to do in case of side effects and how to set realistic expectations for student performance. It is useful to keep in mind that sometimes one may see a combination of two or more conditions, such as attention deficit disorder and depression, at the same time.

By way of introduction, it may be helpful to review the differences in terms between the following professions:

1. physician--a medical doctor without a specialty or one who has a specialty in family practice

medicine--sometimes referred to as a "G.P." (general practitioner);

2. pediatrician--a medical doctor specializing in the medical conditions of children and their treatment;

3. psychiatrist--a medical doctor specializing in the diagnosis and treatment of mental problems, often through the use of medication;

4. psychologist--a non-medical person with either a Ph.D. degree or a master's degree, usually specializing in evaluation or therapy;

5. therapist--may be a psychiatrist, psychologist, nurse or a social worker trained to do therapy.

If a student needs medication, an evaluation should be performed first by a physician. Preferably, evaluation of possible psychiatric conditions should be done by a psychiatrist and, if possible, by a child psychiatrist in the case of children. If medication is prescribed, there needs to be regular follow-up visits with the physician as long as medication is being used (American Academy of Child and Adolescent Psychiatry, 1987). These may be in addition to visits scheduled with the therapist.

Professional persons should be aware that students may be receiving conflicting messages from significant adults regarding medications. On the one hand, students may hear that it is "bad" to take drugs; on the other, they may hear that they need to take medications for one reason or another. Professionals should be careful to explain these differences. Sometimes parents need to have these differences explained to them as well.

Finally, but most importantly, professionals should be aware that all medications have side effects of some type. Benefits need to be weighed against potential difficulties. The needs of the child can best be served by good communication between parents, teachers and the medical community. Parents should ask the physician about what the expected outcome of treatment will be, what possible side effects may occur and what other medications are incompatible. They are responsible for taking the child for regular follow-up appointments with the physician and for communicating this information to school personnel.

Let us now examine some of the more common conditions, along with their usual treatment and possible side effects.

ATTENTION DEFICIT DISORDER

Attention Deficit Disorder (A.D.D.) may be seen with or without hyperactivity. Attention Deficit Hyperactivity Disorder (A.D.H.D) is the most common psychiatric disorder seen in children. It affects an estimated 4 to 5% of school-age children, and it is usually seen three times more frequently in males than females (Greenberg, 1992). Attention Deficit Hyperactivity Disorder may lead to

1. impulsive rule-breaking;
2. crises in the form of undone homework, forgotten instructions, and extreme restlessness; and
3. tearful battles with dismayed teachers and parents.

Generally, symptoms consist of short attention span, easy distractibility and social impulsivity (About Attention Deficit Disorders, 1991). Attention Deficit Hyperactivity Disorder affects school performance as well as peer and family relationships. Frequently, one will see disturbed conduct in these cases. A medical evaluation is usually needed to check for depression as a possible underlying cause, as well as in making the diagnosis of A.D.D. itself. Regular medical follow-up is absolutely essential when the child is placed on medication as treatment.

Medication can make the difference that allows the child to get through the day without tears and to be able to sit still long enough to do his/her homework; in short, it can allow the child to get to the place where learning can occur. It is important to remember, however, that medication is no "quick fix miracle drug." Whatever the gains with medication, structure remains very important; the child still needs to learn to take personal responsibility for completing work and controlling his/her behavior (Barkely, 1981).

Behavior modification programs can be instituted towards these ends, and such programs work best if they can be coordinated with what is being done by the parents at home. When a behavior modification program is agreed upon, the goals should be

1. to help to meet the personal goals for the child;
2. to help the child learn to demonstrate responsible behavior; and
3. to help the child develop relationship skills.

This will result in raising self esteem, because the student will feel better as he/she sees progress toward these goals. Another result may be developing problem-solving skills as the student learns to work within his/her program. In summary, the A.D.H.D. child needs consistent discipline with clear limits and appropriate rewards, and medication is most effective when used in conjunction with behavioral management and psychotherapy.

The medication most commonly used for this condition is Ritalin. Recently, the Church of Scientology has put forth several objections about the use of Ritalin. Despite the publicity given this type of misinformation, Ritalin does not cause addiction or brain damage. Most research shows the 70 to 75% of children treated with Ritalin for A.D.H.D. respond well, 20 to 25% show little if any improvement and 3 to 5% have some type of adverse reaction (but one which lasts only a few hours).

The usual recommended dosage for Ritalin is .3 to .6 mg per kg of body weight per day. For instance, for an 80-pound child, dosage might be from 10-25 mg per day. Ritalin peaks in 1 to 2 hours and usually washes out of the system in 4 hours. Evidence suggests that the lower dosages (.2 to .4 mg/kg) selectively improve attention while higher dosages (.5 to 1.0 mg/kg) affect behavior and may not improve attention. Finally, while growing school-age children need to have dosages increased over time, teenagers and adults generally need only small (2.5 to 5 mg) dosages. Side effects of Ritalin include headache, dry mouth, stomachache, dysphoria (i.e., irritability, crying, over-sedation), negative long-term impact on growth measures and decreased appetite and sleep problems. For this reason, the final daily dose of Ritalin should not be given after 4 p.m.

Cylert, a cerebral stimulant like Ritalin, sometimes is used in the dosage of 2 mg per kg of body weight per day. This medication is most often prescribed when a student is diagnosed as A.D.H.D. but is not responsive to Ritalin. It tends to be used with students who have A.D.H.D. and are highly anxious. However, Cylert may cause liver damage, so it is essential to have follow-up blood tests to monitor this.

Tricyclic antidepressants improve attention, but their effect is inferior to the stimulants and their usefulness is limited due to their anticholinergic side effects, as well as possible cardiac side effects. Recently, some physicians have begun treating A.D.H.D. with Wellbutrin (Bupropion). Wellbutrin treats depression when it is present along with A.D.H.D. More studies are needed about this drug for treating those patients under 18 years of age.

A final note: Some parents whose children are on Ritalin use the treatment only on school days. In these cases the child may have extra trouble adjusting to school routines and expectations on Mondays, and again in the fall after they have been off the medication for the summer. It would be helpful for teachers to be aware if this is the case.

DEPRESSION

Though the term depression can describe a normal human emotion, it is also the name of a disease which can be life threatening (National Institute of Mental Health Fact Sheet, 1992). In addition to feeling some sadness, hopelessness and irritability, clinical depression includes at least four of the following symptoms:

1. noticeable change of appetite, with either significant weight loss or weight gain;
2. a noticeable change in sleeping patterns (sleep may be increased or decreased);
3. loss of interest in activities formerly enjoyed;
4. loss of energy, fatigue, or possibly a slowing of motor skills;
5. feelings of worthlessness or inappropriate guilt;
6. inability to concentrate, indecisiveness;
7. feelings of restlessness;
8. recurrent thoughts of death or suicide, wishing to die or attempting suicide.

Depressive symptoms in children frequently do not appear to take the same form as in adults (American Psychiatric Association, 1988). One may see accident-prone or risk-taking behavior, excessive fantasy life, a drop in school performance or excessive sleep. Often childhood depression is masked by what appears to be hyperactivity, aggression, feigned illnesses or frequent absences from school. Although such behaviors may be a sign of other illnesses, in cases of depression the child periodically will appear to be sad and may even verbalize depressing thoughts.

As Hyde and Forsyth (1986) have noted, "the risk of a depressed person committing suicide is fifty times higher than for a person who is not depressed." Furthermore, the suicide rate among teenagers has been increasing steadily since 1960; at the present time it is considered the number 3 cause of death among adolescents (Joan, 1986). In both adolescents and adults, depression can also be an underlying factor in eating disorders and drug/alcohol abuse. Furthermore, substance abuse is frequently associated with depression. If a teen is a substance abuser, he/she is 2 1/2 times more likely to be depressed.

Treatment of depression is directed at increasing self esteem through success and building on strengths, resolving family conflicts and placing an emphasis on approval and acceptance. Medication is often a useful form of treatment, especially in cases where there is a family history of depression. The longer the duration and/or the greater the severity of the individual's depressive symptoms, the more likely medication will be needed in order to treat the depression successfully.

Imipramine (a tricyclic antidepressant) is probably the medication most often prescribed for depression in young people. Occasionally, Prozac, Trazodone or Nortiptyline may be used. Typical side effects of the tricyclic class of antidepressants might be dry mouth, constipation, sedation, sweating, light-headedness or blurred vision.

Prozac and Trazodone generally have fewer side effects than the tricyclic antidepressants. Prozac may cause agitation and jitteriness, so it is given in the morning, whereas the others are taken at bedtime. As noted above, the Church of Scientology has claimed that Prozac causes suicidal ideation. Research has not supported this claim. Suicidal ideation is caused by depression. Prozac has officially been cleared of these accusations.

ANXIETY

In young people anxiety disorders are generally of three major types (American Psychiatric Association, 1990):

1. separation anxiety--excessive apprehension concerning those to whom the youngster is attached. This may involve repeated nightmares of separation, unrealistic worry that harm will befall the parent (or other attachment figure) or fear that they will not return, or persistent reluctance or refusal to go to school in order to stay with the parent. Usually, this starts between the ages of 6 and 12. However, it can begin earlier or start suddenly during the teenage years, signaling a particularly serious problem. This type of anxiety may be presented in an obvious way, or it may be concealed behind somatic or physical complaints (school phobia). The child should not be kept out of school and should not be excused from school attendance if at all possible.

2. avoidance disorder--a persistent and excessive shrinking from contact with others. This interferes with social functioning (social phobia).

3. over-anxious disorder--excessive worrying and fearful behavior that is not focused on a specific situation or object. This condition may also lead to various somatic complaints.

As noted above, the student should receive a thorough evaluation before beginning treatment. Current thinking emphasizes combined treatment programs, including one or more treatments such as pyschotherapy, desensitization and medication. Generally, medications are used in addition to psychotherapy. For some students, anti-anxiety medications are necessary to reduce the level of anxiety and allow them to return to the classroom. These medications may also reduce the physical symptoms that many students feel--nausea, stomachaches, dizziness or other vague pains. Inderal, which is a Beta blocker, is sometimes used in cases of performance anxiety.

SEIZURES

Occasionally, one may work with a child who has a seizure disorder. While this is not usually considered a psychiatric diagnosis, it may be present along with another diagnosis. The usual medications prescribed for seizure disorders are Depakene, Dilantin or Tegretol. These medications may sometimes slow the child's functional level. Tegretol is also used in management of affective disorders and for control of violent outbursts or assaultive behaviors.

TIC DISORDERS

A tic is defined as a purposeless muscle movement (American Academy of Child and Adolescent Psychiatry, 1989). Some tics may disappear by early adulthood, while some may continue. Children with Tourette's disorder may have both body and vocal tics. Children with Tourette's may have problems with attention and concentration; they may act impulsively or they may develop obsessions and compulsions. In more severe cases, they may blurt out obscene words or make obscene gestures. These are completely uncontrollable, and the child should not be punished for them. This condition is relatively rare, almost always begins before age 13 and is more common in boys than in girls.

The medication most often used to treat these disorders is Haldol. The dosage of Haldol varies from one individual to another. Usually the patient is started on the minimal dosage, and this is gradually increased to the point where there is maximum alleviation of symptoms with minimal side effects. Typical side effects might include dry mouth, dizziness, blurred vision, difficulty with urination, muscle rigidity or fatigue and motor restlessness. Some people cannot tolerate the side effects and the medication must be withdrawn. Early diagnosis and treatment are important, and the classroom teacher can do much to discourage negative peer response. The course of the disorder is marked by exacerbations, partial remissions and symptom frequency increases at times of stress and fatigue.

ORAP (Pimozide) is a new drug developed to treat Tourette's, but it is not intended to be a first choice treatment or a treatment that is used for a condition that is merely annoying or cosmetically unacceptable. It is reserved for those whose daily life function is severely compromised and for whom Haldol is intolerable.

CONCLUSION

The information presented here is only a general introduction. Each individual may react differently to a given medication, and effects--both positive and negative--vary, according to the amount taken.

Physicians cannot accurately predict who will experience side effects or to what degree. If the student, teacher or family has questions about a medication's purpose or effect, it is best to ask the prescribing physician or local pharmacist.

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THE ROOTS OF SCHOOL SOCIAL WORK IN NEW YORK CITY

James G. McCullagh

ABSTRACT

The visiting teacher movement is traced from its inception in New York City in 1905 to approximately 1913, when the New York Board of Education employed its first visiting teachers. The initial impetus came from settlement house residents who experimented with different approaches to helping the immigrant child in the home, the community and the school. The movement, begun and led by women, and with the support of the Public Education Association, pioneered a new approach that has grown into an important social work field of practice. Understanding the roots of school social work may offer contemporary practitioners a sense of identity - rootedness - and insights as the profession faces the challenges of the Twenty-first Century.

School social work, as is well-known, began in New York, Boston, and Hartford, Connecticut, during the school year 1906-1907 (e.g., Costin, 1969; Oppenheimer, 1925). In the beginning in New York City, settlement house residents, working independently but with a common purpose, were experimenting with different approaches to creating links between the home and the school on behalf of school-age children. Two professions joined - education and social work - to create a new specialist, variously titled to describe the work of this hybrid worker: special worker; home and school visitor; visiting teacher. Later, this specialist would become the school social worker. This paper traces the origins of school social work, its initial spark, catalytic elements and early growth in New York City upon its adoption by the Public Education Association until approximately 1913, when the New York City Board of Education began employing visiting teachers.

SOCIAL SETTLEMENTS IN NEW YORK CITY

The roots of school social work are found in the social settlements in Manhattan - from the West Side to the Lower East Side - whose residents engaged in "home and school visiting." The cities had experienced an unprecedented population explosion since the 1870s - from almost 40 million in 1870 to just over 77 million in 1900, of whom 39% now lived in urban areas (Sanders, 1962). By 1907, the population had reached 89 million (Tomlinson, 1965). New York City's population also increased dramatically - from approximatley 1.2 million in 1860 to almost 4.8 million in 1910 (Trattner, 1989). By 1900, immigrants in New York City constituted more than three fourths of the population (Trattner, 1989). The Lower East Side experienced the most severe overcrowding - 330,000 people per square mile (Trattner, 1989).

The overcrowded tenements of the Lower East Side brought not only disease and squalor but also overcrowded schools and classrooms consisting of largely poor, hungry immigrant children (Hunter, 1904/1965) who, unable to benefit from education, were set "adrift unfitted for the struggle of life . . . . [to] become dependent, paupers, and the procreators of a pauper and dependent race" (Spargo, 1906, pp. 117-18). At the same time, in reaction to, and, to some extent, fear of the poor, a dazzling variety of institutional structures, including the settlement house, sprang into existence to grapple with poverty, misery, disease and death. Social settlements, the first of which took root in the Lower East Side in 1886 (Woods & Kennedy, 1911), reflecting a "new spirit of conscience" (Cremin, 1961, p. 59), offered a way for the mostly young, well-educated, single and from "moderately well-to-do" families to help "solve the problems of urban and industrial America" (Davis, 1967, pp. 38-39).

The settlement house idea spread rapidly - from just 1 in 1886, to 74 in 1897, to 103 in 1900, to 204 in 1905, and by 1911 Woods and Kennedy could include 413 settlements in their Handbook (Woods & Kennedy, 1911). Many settlements were founded in the Lower East Side, including College Settlement in 1889 and Henry Street Settlement House in 1895; some were established on the Upper East Side, including Union Settlement in 1895; a few were established on the West Side of Manhattan, including Hartley House in 1897, Richmond Hill House in 1900 and Greenwich House in 1902 (Woods & Kennedy, 1911).

Among their many activities, settlement house residents gave especial attention to children. They opened their houses to children for recreation and club work, established kindergartens and study rooms and established libraries. Richmond Hill House, for example, had a kindergarten and "classes in carpentry, wood carving, clay modeling, drawing, sewing, bead work and folk dancing; clubs for women, young people and children with dramatic, social and literary aims" (Woods & Kennedy, 1911, p. 222). Settlement workers also lobbied for "pedagogical innovation, and it is no surprise that during and after the nineties [1890s], they played a central role in the educational reform movement" (Cremin, 1964, p. 64). It is within the milieu of privilege amongest the striking poverty, overcrowding of public school classrooms, an increasingly immigrant population, coupled with compulsory education laws, and a growing awareness of individual differences among children, that residents of various settlement houses (e.g., Henry Street, Union, Hartley, Greenwich, College, and Richmond Hill) engaged in home and school visiting (Reich, 1935; Woods & Kennedy, 1911).

BEGINNINGS: CATALYSTS OF CHANGE

Four residents, Mary Marot from Hartley House, Elisabeth Roemer from Richmond Hill House, Effie Abrams from Greenwich House and Elizabeth Williams from College Settlement - each working independently out of their social settlement - were experimenting with ways to unite the home and school on behalf of the child (Allen, 1928; Culbert, 1932; Reich, 1935; Simkhovitch, 1907). The spark that initiated the visiting teacher movement arguably began in the summer, 1906, when Mary Stuart Marot and Effie Abrams joined together and then invited Miss Roemer and Miss Williams to unite under the leadership of Mary Marot to form a home and school visiting teacher committee. Their initial work and backgrounds will be sketched briefly.

Mary Stuart Marot

Miss Marot identified a well-recognized need and devised a plan to remedy the lack of understanding that existed between the child and his/her environment and the over-burdened school teacher (Allen, 1928; Culbert, 1932; Oppenheimer, 1925; Woods & Kennedy, 1922). She grew up in Pennsylvania in a Quaker family and attended Swarthmore College in the late 1870s, but she did not obtain a degree (Swarthmore College, 1940). Miss Marot, who had taught in both elementary and high schools (Culbert, 1932), "believed the schools were a prime medium for social reform" (Levine & Levine, 1970, p. 129). Her background as a teacher led her to recognize that the urban school was too distant from the social world of the child, failed to recognize the child's environment and his/her mental and emotional well-being and was not sufficiently responsive to the needs of particular children (Culbert, 1932).

In the winter of 1905, she sought new ways "through which parents and homes might reinforce and supplement the educational aim of the school" (Woods & Kennedy, 1922, p. 280). Miss Marot initially visited progressive schools in various cities, such as the Speyer School in New York (Columbia University, 1913). Finding no curriculum that focused on the needs of the individual child in a changing society, she chose to live at a settlement house in Philadelphia. There, she studied the relationship of the families of boys in two club groups to the school, only to conclude that there was "a woeful lack of mutual acquaintance between home and school" (Culbert, 1932, p. 14; Richman, 1910).

While Miss Marot was at the Lighthouse Settlement in Philadelphia, which had its own separate Boys' Club building and included a gymnasium, library and various game rooms (Woods & Kennedy, 1911), she worked with a boys' club and also visited the school to ascertain the progress of each boy and then met with the parents to discuss the school reports. Cases requiring further attention were then referred to settlement staff (Allen, 1928). For Miss Marot, the "two phases of training were quite disconnected" (Culbert, 1932, p. 14); the mother did not know of the boy's life in school, and the teacher was not informed of the boy's life at home or in the community.

In the spring, 1906, Miss Marot became a resident at Hartley House on West 46th Street in midtown Manhattan (Allen, 1928; Culbert, 1932; Woods & Kennedy, 1922). Miss Marot again began her visits to the school and home on behalf of the boys of Hartley House, "who appeared to be having trouble at school, or who were 'problems' to their club leaders" (Culbert, 1932, p. 14). Miss Marot and the school teacher discovered that they each could contribute knowledge of the child and learn from each other. From this beginning of working together to solve the problem, teachers turned to "Miss Marot as a special worker for help in understanding and adjusting any particular" child (Culbert, 1932, p. 14). Thus, for Miss Marot, the seeds of a new approach began to emerge.

Effie Murray Abrams

Greenwich House, established in 1902, and located on the lower West side of Manhattan, also engaged in home and school visiting beginning during the period 1905-1906. Miss Effie Abrams (later Mrs. Walter E. Clark), a resident of Greenwich House since February 1904, was "studying at the present time the relation of the school to the home, . . . through the kind permission of the district superintendent, [and is] being detailed to a local principal for the purpose of creating a link between the school and home" (Greenwich House, 1906, p. 8). Miss Abrams also visited the homes of school children and "became impressed with the need of bringing parents and teachers into closer touch" (Allen, 1928, p. 2). The Annual Report for 1907 (Greenwich House, 1907) detailed the results achieved by Miss Abrams, as reported by Woods and Kennedy (1911):

> Through this service it found itself able to (a) correct cases of irregular attendance; (b) urge on parents and children treatment for physical defects; (c) call in the aid of settlements, district nurses, convalescent home, etc., for children; (d) explain to parents personally and in meetings the requirements of the department of health and the compulsory education law; (e) report to teachers and principals the conditions in homes; (f) follow up non-attendance in evening schools; (g) search the district for deaf

> and dumb children not attending school (as a result of which the city has undertaken a special school); (h) secure a specially prepared list of children needing vacations and secure opportunities for them to go away. (p. 199)

Greenwich House continued its home and school visiting program even after the Public Education Association assumed leadership (see below). A Committee on Social Education was established with Professor John M. Dewey as Chair. Other members included Paul U. Kellogg, Mrs. Walter E. Clark (Effie Abrams) and Miss Nathalie Henderson (Greenwich House, 1908). Visiting teachers such as Caroline Mills (Mills, 1916) and Gertrude Graydon (Graydon, 1916) were sent to two different schools in the neighborhood of Greenwich House. Greenwich House's promotion of visiting teaching continued throughout the decade.

Elisabeth Roemer

At Richmond Hill House, Miss Roemer was also creating connections between the home and school teachers. Elisabeth Roemer came to the United States in 1901 from Denmark, where early in her career she had taught in private schools prior to becoming a resident at Richmond Hill House in 1902 ("Elisabeth Roemer," 1961). In 1905, she became a head resident (Woods & Kennedy, 1911). Miss Roemer involved interested teachers in club work with children at the settlement, and the teachers also visited homes with her (Allen, 1928). Soon thereafter, "many of the teachers were referring to her for advice and help [with] problems and situations with which they felt unequipped to deal" (Allen, 1928, p. 2).

Elizabeth Sprague Williams

The College Settlement, founded in 1889, and located on the Lower East Side, was a home for educated women "in order to furnish a common meeting ground for all classes for their mutual benefit and education" (Woods & Kennedy, 1911, p. 193). Among the Settlement's many activities to improve their surrounding community was to maintain "[c]lose relations with the schools of the district" (Woods & Kennedy, 1911, p. 194). To achieve that goal, residents "entered into hearty co-operation with the teachers in efforts for individual children [and] carried on informal school visiting" (Woods & Kennedy, 1911, p. 194).

Miss Elizabeth Williams, Head Worker at College Settlement since 1898, was a graduate of Smith College in 1891 and in 1896 received an A.M. degree from Columbia University (Lubove, 1971). She also became actively involved in school visiting (Allen, 1928) and was an early member of the Public Education Association (PEA, 1905). Miss Williams also was a member of the local school board (College Settlement, 1906). Miss Williams, during the year 1906-1907, "gave a part of her three days a week of residence to visiting and helping children assigned to her by some of the Public School principals" (College Settlement, 1907).

Home and School Visiting Committee

The Committee, formed by Miss Marot in the summer, 1906, "for the sake of an extension of their plans, and to exchange experiences and opinions" (Allen, 1928, p. 2), as previously mentioned, consisted of residents of four settlement houses. In the fall, 1906, formal support was received from Greenwich House and Hartley House to continue "the work already begun by Miss Marot" (Nudd, 1916, p. vii). Miss Marot and Miss Abrams were placed in the fall, 1906, by their respective houses as visitors (Flexner, 1913; Nudd, 1916). Miss Marot and the other members associated their committee with the Public Education Association of the City of New York in January 1907 (Nudd, 1916). This important connection is the next step in the development of an emerging speciality in social work.

THE BEGINNINGS OF FORMAL ACCEPTANCE OF THE VISITING TEACHER: THE PUBLIC EDUCATION ASSOCIATION ASSUMES LEADERSHIP

The Public Education Association (PEA), born during the progressive period in 1895, during an era of municipal reform, originally consisted of "society women" who "were selected with utmost care" (Cohen, 1964, pp. 1-2). One of its important objective areas was to "study the problems of public education, investigate the condition of the . . . schools, stimulate public interest in the schools, and propose from time to time such changes in the organization, management or educational methods as may seem necessary or desirable" (PEA, 1914, p. 32). Its purpose, in brief, was to bring "organized citizen effort" to work toward the improvement of public school education, so that the schools will "progress and keep pace with rapidly changing social and economic conditions" (PEA, 1914, p. 1). The PEA was particularly concerned with the "huge foreign population" in the East Side, which had "the evil distinction of being one of the most densely populated areas in the world, an area of unimaginable crowding and squalor" (Cohen, 1964, p. 6).

The PEA and other social reformers, including the social settlements, "turned to the public schools as the city's chief instrument for Americanizing the immigrant, and as the city's chief strategic agency for philanthropic effort and neighborhood reform" (Cohen, 1964, p. 13). The early work of the PEA was done by small committees - School Visiting, School Affairs, Truancy, Playground - "which take up different problems" (PEA, 1906, p. 6). It was during this early period - just after the formation of the PEA - that the PEA and the social settlements joined together and worked particularly to expand the purpose of the public schools to meet the social and recreational needs of the child (Cohen, 1964).

One of the PEA's committees was the School Visiting Committee. Members of this committee, since 1895, had visited schools in order "to establish friendly relations with the teachers and the school authorities, and to familiarize the visitors, and through them the Association and the public, with conditions in the schools and methods of instruction" (PEA, 1905, p. 5). From December 1905, to June 1906, the chair of this committee was Helen Marot, sister of Mary Marot (Cohen, 1971).

In January 1907, primarily at the urging of Miss Mary Marot and Miss Richman (Cohen, 1964; Oppenheimer, 1925; Richman, 1910), and perhaps with the assistance of her sister, Helen Marot, and Miss Nathalie Henderson (Reich, 1935), the settlement house committee became a sub-committee of the School Visting Committee (Nudd, 1916), with Miss Marot as the Chair of this newly created "Special Home and School Visiting" sub-committee (PEA, 1906, p. 4). Five other members constituted the sub-committee: Miss Effie Abrams, Mrs. Mary A. Hill, Miss Alice R. White, Miss Elizabeth Williams and Miss Elisabeth Roemer. All but Miss White were also members of the PEA's School Visiting Committee (PEA, 1906).

The chair of the School Visiting Committee, Mrs. Katharine Ware Smith, as noted in the annual report of 1905-1906, commented:

> Since October [1906] this Committee, composed of settlement workers, has been serving a number of schools as home interpreters. The belief is that a home visitor from the school can render a peculiar service not possible to [the] attendance officer or even to the school nurse. The visitor can discover the individuality in the child which escapes the notice of the over--burdened class teacher and explain the troublesome child by learning to know him as a human being in his own home. In one school alone, one

> visitor has had 64 cases turned over to her since October, and made 100 visits to 41 families. Of these 64 girls, 41 are being watched, 50 have been influenced for good at school and 37 at home. (1906, p. 9)

Miss Marot served one more year on the School Visiting Committee and two additional years as the chair of the subcommittee on Home and School Visiting and as a member (PEA, 1907, 1908, 1909). The subcommittee for 1906-1907 consisted of Miss Jane Day, Miss Gannett, Miss N. Henderson, Miss Ellen S. Marvin, Miss Rogers, Miss Elisabeth Romer, Miss Elizabeth S. Williams and Miss A. J. Worden (PEA, 1907). From the original PEA committee of five, only Miss Romer and Miss Williams continued to serve (PEA, 1907).

For the year 1906-1907, five or six social settlements had sent "home visitors . . . to schools in their neighborhoods" (Marot, 1907, p. 12). The response by parents, teachers and principals, according to Miss Marot, was so favorable that the PEA raised funds to employ Miss Jane Day to work full-time in the lower East Side (Marot, 1907).

This commitment to visiting teacher work by the PEA was movingly told by Miss Julia Richman, formerly a school principal and then the first female school district superintendent in New York City. She recounted her conversion to the value of special visitors after attending a meeting held by the Public Education Association (Richman, 1910). At this meeting, sometime in January or perhaps March 1907 (Public Education Association Conference, 1907), Miss Marot, Miss Effie Abrams, along with Miss Maguire, principal of a school in Manhattan, so convinced Miss Richman that she too requested the PEA to undertake the financial support of a Special Home and School Visitor (Richman, 1910).

Miss Richman shared her initial skepticism and conversion after she had heard the stirring stories

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by these two early pioneers:

> I went to that conference with a feeling that a special visitor's services were not required, believing the attendance officer, the nurse and the teacher able to meet every situation. Possibly influenced a bit by professional jealousy, I did not wish to concede that an outside worker should do work which seemed properly to belong to the school itself. The stories told by Miss Marot and Miss Abrams were, however, so convincing, the nature of the work done by Miss Abrams was so far beyond the limitations of the teacher's time and strength, that it became self-evident that a special home and school visitor would not only be helpful, but might become practically indispensable. (Richman, 1910, p. 163)

The PEA agreed and hired Miss Jane N. A. Day, originally from New Albany, Indiana, as the first paid "special visitor." Miss Day, prior to coming to New York, was a teacher in Louisville, Kentucky. Perhaps sometime in 1905-1906, she "was doing some special work with children in her classes" (Allen, 1928, p. 2). Miss Day, who came to New York in the spring, 1907, perhaps because of a chance encounter with Miss Richman, who had given a speech on social work in the schools in Louisville in 1906, met with Miss Richman and lived at the Richmond Hill House, where she became familiar with the work of the PEA's Special Home and School Visiting sub-committee (Allen, 1928). Miss Day, likely to prepare for her new work in the fall, was 1 of 49 students who participated in the New York School of Philanthropy's 10th summer session in 1907 ("New York's Summer School," 1907). For the next 2 years, with the financial support of the PEA, Miss Jane Day worked in schools under the supervision of Miss Richman (Richman, 1910).

With the visiting teacher movement, now formally established in New York, Miss Marot and others began the drive for visiting teachers to be employed by the City Department of Education. Miss Marot enthusiastically reported Miss Day's success in the annual report of the Public Education Association:

> Miss Day's success still more fully emphasizes the need for such visiting teachers in the schools. By giving her undivided attention, intensive effort upon individuals or families is possible; daily contact is made with critical cases, and repeated calls upon some families to help keep them up to the staying point. In consequence, not only are permanent cures obtained, but effective prevention. Bad habits have been cured or nipped in the bud by studying all the conditions involved: at school, at home, on the street; hygienic, economic, moral, educational, social.
>
> . . . .
>
> The district superintendent has written the following letter to the committee--"I consider the work of the special school visitor so important that I do not see how I can ever get on again without her services. I could use six like her right here in my district. More than half of my schools are not able to secure any of her time and even in the schools which she does attend, only the most flagrant cases can receive her attention." (Marot, 1907, p. 13)

The Home and School Visiting sub-committee for the year 1907-1908 had been significantly expanded (PEA, 1908). Miss Marot now chaired a committee of 23, including 4 of the 8 members from the year 1906-1907 (PEA, 1907), Miss Julia Richman and Miss Harriet M. Johnson (PEA, 1908), who became a visiting teacher in 1908 (Culbert, 1934).

The Home and School Visiting sub-committee report for 1907-1908 reflected enthusiasm of the movement's acceptance, growth and demand by more than 50 school principals for more "home visitors," which, in turn, prompted a restatement of the visiting teacher's point of view (PEA, 1908). The visiting teacher's approach was to see the child "whole, and to place him in this light before his home and his school" (PEA, 1908, p. 11). The type of problems presented, the focus of the visitor's work, the need to work with others and the need to identify problems beyond the child are captured by the following statements:

> The children are referred to our visitors for various causes, among them being irregularity of attendance, lack of interest in their work, and unruly behavior. Economic conditions play a part in almost every difficulty whose cause lies at home. Prevention is recognized as more hopeful than cure, and our home visitors are given an increasingly large proportion of the type of case, where the difficulties are only beginning, as their special service is better understood. . . . Close cooperation, when called for, is made with the nurses, doctors, attendance officers, relief associations, etc. Several efficient volunteers have given help to the visitors. Response on the part of the home is especially sincere. The need for supplementary activities not provided by the school and impossible in most homes is realized just as keenly by the parents as by the teachers, and opportunities to satisfy this need are eagerly welcomed. (PEA, 1908, p. 12)

The report noted that nearly 3,000 classes had over 50 students and concluded with the recommendation, among others, and previously proposed by the Public Education Association, that no class should exceed 40 students assigned to 1 teacher, because this was viewed as one of "the greatest evils in the schools" (PEA, 1908, p. 13). For the fiscal year, PEA expended $1,025 for the salaries of Home and School

Visitors. Most was contributed by 9 individuals and the School Visiting sub-committee (PEA, 1908).

The PEA's annual report for 1908-1909 reflected important changes. The sub-committee on Home and School Visiting had been elevated to a committee, and Miss Martha Lincoln Draper (PEA, 1909) served as the chair for 1 year (PEA, 1910). Thereafter, from 1910 to 1917, she was a member of the New York City Board of Education ("Miss Draper dies," 1943).

Miss Draper's service to the Public Education Association was long-standing and extensive. She was one of the founders of the Association and served as president from 1929 to 1935 ("Miss Draper dies," 1943). She was the vice-president in 1905 (PEA, 1905); for the period 1905-1906 to 1908-1909, she served on the Executive Council or Executive Committee; in 1907-1908 and 1908-1909, she chaired the Schools Affairs Committee and served on the Compulsory Education Committee and the Vocational Education Committee (PEA, 1908, 1909). Miss Draper died on June 29, 1943, at 78 years of age, after a public service career that also included service with the American Red Cross in the Spanish-American War and World War I ("Miss Draper dies," 1943).

The report of the "Home and School Visitors" for 1908-1909 (PEA, 1909) was brief but reflected the steady progress made since the previous report:

> Five highly trained visitors have been engaged and put at the service of the schools to adjust children's difficulties which cannot be referred to any other agency. In the usual cases of "difficulty" the first effort of the visitor is to make use of such agencies as settlements, dispensaries, and relief societies at work in the neighborhood, but it is often necessary to supplement and co-ordinate these resources. A number of volunteers have assisted the visitors, and four students from the School of Philanthropy have been assigned to work under the direction of the Secretary of the Committee. The

> attitude of the teachers toward the visitors is increasingly cordial. Associations interested in the welfare of school children in a number of other cities have asked for information about this new form of work. (p. 9)

Salaries for the Home and School Visitors now totaled almost $4,000. Donations from various individuals and the Junior League, which reached almost $1,500, supported the visitors (PEA, 1909).

The year 1909-1910 brought additional changes in the PEA's school visiting committee. The Chair was now Miss Nathalie Henderson (later Mrs. Joseph R. Swan), who also served on the Executive Committee (PEA, 1910) and who previously served on the Home and School Visiting sub-committee in 1906-1907 (PEA, 1907). Miss Henderson was also associated with the New York Settlement and served as secretary during the years 1903-1906 (College Settlements Association, 1904, 1906). Miss Henderson was a founder of the New York Junior League, a trustee of two Eastern colleges ("Mrs. Joseph R. Swan," 1965), and married to an investment banker ("Joseph R. Swan," 1965). Miss Henderson and Miss Draper, among many others, were illustrative of "New York's elite of wealth and status," (Cohen, 1964, p. 66) who became members of the PEA and had considerable influence in promoting the growth of visiting teachers and their eventual acceptance by the City Board of Education.

An important name change had also occurred. The Home and School Visiting Committee was renamed the Committee on Visiting Teachers, now under the leadership of Miss Nathalie Henderson (PEA, 1910). In November 1910, Miss Draper's proposal that the Committee on Visiting Teachers consist only of "outsiders interested in the work" and not visiting teachers was approved (Committee on Visiting Teachers, 1910). Thereafter, the Committee, which had consisted of 23 members, including visiting teachers (PEA, 1910), was reduced to 7 (PEA, 1913).

Home and school visitors, as they were called in the 1908-1909 PEA Annual Report (1909), were now referred to as "Visiting Teachers" in the 1909-1910 Annual Report (1910). Earlier, during Miss Day's first year, her title had been changed from "Home and School Visitor" to "Visiting" teacher in order to distinguish her from the classroom teacher (Allen, 1928). Added to the committee for the year 1909-1910 (PEA, 1910), among others, were three new visiting teachers who, over a lifetime, made remarkable contributions: Miss Ethel B. Allen, Miss Jane F. Culbert and Miss Mary Flexner.

Six visiting teachers, employed by the PEA, with the assistance of the Junior League, worked in the schools for the year 1909-1910 (PEA, 1910). Salaries for the visiting teachers reached a total of $4,500. Almost half was contributed by one person, and another large portion was contributed by the Junior League (PEA, 1910). The Visiting Teachers' report for 1909-1910 (PEA, 1910) stressed that the new experiment - visiting teachers bringing the home and school together on behalf of the child - had demonstrated its value over a period of 3 years. The New York City Board of Education was urged to assume responsibility for the work of the visiting teacher.

The first attempt by the PEA Visiting Teacher Committee was to have the Board of Education place 25 visiting teachers in the public schools for the 1910-1911 year. Although endorsed by the Board of Education, the effort failed before the New York City Board of Estimate and Apportionment, which was requested to appropriate $25,000 (PEA, 1910).

The PEA did not publish an annual report for the year 1910-1911 (PEA, 1913). Apparently, in the fall, 1911, the PEA employed five visiting teachers ("Introducing Visiting Teachers," 1911). During this period, Miss Henderson, Chair of the PEA Committee on Visiting Teachers, prepared a report on the work of its visiting teachers for the year 1910-1911, at the request of Dr. William H. Maxwell (PEA, Executive Committee, 1911, May 25). The report was included in the Thirteenth Annual Report of the New York City Superintendent of Schools, Dr. Maxwell ("Introducing Visiting Teachers," 1911; Flexner, 1917; Nudd, 1916). This was the first of the PEA reports summarizing the work of the visiting teachers, which were, in part, intended to convince the City of New York to assume responsibility and employ visiting teachers.

The report, as summarized ("Introducing Visiting Teachers," 1911), included the number of cases served, homes visited, reasons for referral, outcome and results. The positive results obtained by the PEA's visiting teachers were reflected by 165 elementary school principals, who requested that the PEA assign visiting teachers to their schools ("Introducing Visiting Teachers," 1911). The report, on behalf of the Committee on Visiting Teachers, concluded with the recommendation that "one visiting teacher be appointed to each school having over thirty classes or over 1,200 children, . . . and that a salary of $1,000 should be paid each visiting teacher" ("Introducing Visiting Teachers," 1911).

By the year 1911-1912, there were seven visiting teachers (Flexner, 1913a). Miss Flexner prepared an analysis of the work of the visiting teachers of the PEA for 1911-12 (Flexner, 1913a, 1913b). This important study indicated that the seven visiting teachers had handled 1,157 cases, who were referred for such reasons as "scholarship below standard," "conduct below standard," "advice or information needed" and "irregular attendance" (Flexner, 1913a, 1913b). The report summarized the visiting teachers' analyses of the environment - the child, home, school, neighborhood, agencies already involved - and then described the action taken and the results (Flexner, 1913a). Thus, early on, the visiting teachers began conducting outcome-based research.

By the year 1912-1913, there were 10 visiting teachers (PEA, 1913). Mrs. Joseph R. Swan had continued as chair of the Committee on Visiting Teachers. Mrs. Swan's interest in the work of the PEA continued. For example, in 1927, she served as 1 of 21 trustees of the Association (Chase, 1927). Other members of the 1913 Committee were Abraham Flexner (brother of Miss Mary Flexner), Mrs. David M. Milton, Mrs. Francis L. Slade, Mrs. Willard D. Straight, Miss Elizabeth Williams (who had joined Miss Marot at the formation of the original committee in 1906) and Mrs. E. L. Winthrop, Jr. (who had joined the Committee in 1907-08) (PEA, 1913).

Beginning in 1913, after repeated efforts to secure funds, the New York City Board of Education employed its first 2 visiting teachers, who were assigned to the Department of Ungraded Classes (Chase, 1927; Nudd, 1916; PEA, 1914). By 1916, the City Board of Education had hired 7 visiting teachers (Nudd, 1916). By 1927, there were 19 visiting teachers (Chase, 1927).

The PEA also continued its visiting teacher work. Seven and one half visiting teachers were employed for the 1913-14 school year, and eight were employed for the following school year; one performed administrative functions (Johnson, 1916). The PEA's commitment to visiting teachers ended in 1930, when the Commonwealth Fund discontinued its delinquency prevention project begun in 1921 (Cohen, 1964).

CONCLUSION

This paper sketches the roots of school social work in New York City, beginning from 1905 until 1913, when the City Board of Education began to employ visiting teachers. The movement began with social settlement residents, who sought to reform the school system on behalf of children. They wanted the school to see the "whole child" and thereby to understand, appreciate and accommodate the school to the child.

The pioneering work of those first visiting teachers - Mary Marot, Effie Abrams, Elisabeth Roemer and Elizabeth Williams - who joined together under the leadership of Mary Marot, sparked a new movement. Its early growth was promoted by the Public Education Association's commitment and influence and the strong support by Julia Richman. Visiting teachers, now associated with the Public Education Association, were now able to demonstrate their unique contribution to the work of the public schools and finally to become accepted by the public schools of New York City.

The pioneer workers - Mary Marot, Effie Abrams, Elisabeth Roemer and Elizabeth Williams - were soon joined by a second group of pioneers, beginning with Jane Day, Harriet Johnson, Jane Culbert, Mary Flexner and Ethel Allen, among others, to expand the visiting teacher movement. This second group of women was also instrumental in the formation of a national association for school social workers (McCullagh, 1993). Many of the pioneer visiting teachers attended Eastern women's colleges; they never married; and they devoted a lifetime to visiting teaching work or other related fields. They generally are now forgotton, if they were ever known to the school social work communtiy. This paper presents snapshots of the first group of pioneers. Profiles of both the first and second group of pioneers will be offered in the future (McCullagh, 1993) to assist the school social work practitioner to better understand both the roots of visiting teacher work and the growth of the movement.

Knowledge of the roots of school social work, the growth of this movement in the early Twentieth Century and the pioneer women who broke new ground to create a professional identity is important for understanding school social work's relationship to the current educational enterprise. Insights gleaned from a look back to the early Twentieth Century may offer additional innovative approaches to working on behalf of the children of the Twenty-first Century.

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CAL-PAL:
A COUNTY-WIDE VOLUNTEER SERVICE PROGRAM

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ABSTRACT

This article describes the implementation and continuing growth of a volunteer youth/adult match-up service being provided in seven rural communities. School social workers in these areas can collaborate with other school based personnel and community leaders to make such a service available. A major benefit of the program is a growing number of youth who are able to enjoy the opportunity of another friendship with a responsible adult outside the family. The steps described in building this service program can be used in other communities that are interested in developing a volunteer youth and adult pal program.

One model of intervention that school social workers can use to help students at risk is facilitating the development of new services in the community. Staudt (1987), for example, described the development of a "kinship" program in a rural Iowa school for children from single parent families who had a need for a friend or an additional adult role model. Indeed, school personnel and community leaders can recognize a need to develop new resources in a rural community and form a collaborative partnership to respond to those needs. The formation, growth and benefits of a program matching youth from single parent family homes with volunteer adults using an interdisciplinary approach is described.

NEED

During the fall of 1989, the authors became aware of a student population that needed help with social-emotional problems, academic problems and minor health concerns. Many appeared to have additional concerns which went beyond the scope of the short-term individualized services that were being provided. These youths were often from homes in which there was a single parent and could benefit from a trusting, longer-term relationship with an adult outside the school setting. Organized youth services such as YMCA or Big Brothers/Big Sisters did not exist in this rural county. With the 19,000 residents and 2,500 students in this county living on farms or in several small communities, the scattered population and lack of funding made affiliation to any county or national special service program impractical; yet, the need still existed.

Wallerstein (1985) states that children from divorced families are more likely to feel overburdened by extra responsibilities and to feel a greater sense of loneliness and vulnerability. The unfulfilled social-emotional needs of these youths could lead to a pattern of at-risk behaviors. The National Commission on Children (1991) reported that single parents are more likely than parents from "traditional families" to have children who are at risk for dropping out of school, alcohol and drug abuse, teenage pregnancy, mental illness and juvenile delinquency. Rural areas have the same general pattern of increasing divorce rates and increasing at-risk problems. In 1970, for example, 1 family in

15 was headed by a single parent in Calhoun County in Northwest Iowa; however, in 1990, 1 family in 7 was a single parent family (U.S. Bureau of Census). Providing a service program to these children in Calhoun County was complicated by the fact that there were seven school districts and the towns are 12 to 15 miles apart.

COLLABORATIVE PROCESS

The collaborative experience in the development of a new county-wide service program--and support of the program once it began functioning--has been one of expanding involvement. Benefits have resulted from each stage of the increasing commitment to the goals of the Calhoun County Pal (Cal-Pal) match-up service program. As noted by Rothman (1979), organizational goals change from specific task-oriented steps to process-oriented goals involving a continuation of a level of maintenance and support. The following stages were utilized in the development of the Cal-Pal program:

1. exploratory stage--formation of informational meetings with school support personnel;
2. expanded planning stage--committee meetings with school and community leaders in order to start up a county-wide service delivery program; and
3. program growth stage--advisory support during the initial stage of growth of the official community sponsored Cal-Pal program.

EXPLORATORY STAGE

An important objective of the initial exploratory meeting was to determine which school helping professionals would be willing to be actively involved in developing services. The authors needed active support from schools throughout the area if consensus for a county-wide program were to be reached.

Invitations and meeting agenda information aimed at exploring the need and the interest in developing a youth/adult match-up program initially were sent in the fall of 1989 to school counselors, school nurses, Area Education Agency team personnel and the county social service worker. The coordinator of a YMCA based service program from an adjoining county was asked to be the guest speaker, and a centrally located meeting place in the county was selected. The school social worker traveled from school to school and spoke to each of the school counselors about how the program could be useful in their school.

After several meetings, representatives from six community schools within the county expressed interest in developing a program of special services for the youth. The school counselors and school nurses communicated these initial plans for exploring the development of a new service program to their school principals and superintendents.

COMMUNITY PLANNING STAGE

Each of the core members in the exploratory group invited non-school volunteers to become part of the planning effort, thereby increasing the number of participants to 10-12. The tasks of the planning committee were (1) to select a program model and develop an organizational structure for a community based match-up service program; (2) to investigate liability obligations of voluntary organizations; (3) to find a funding source to help pay for development; and (4) to create a procedural manual for board members and coordinators in different communities.

Committee members felt there would be advantages to developing a new independently-run service program, rather than attempting to join an already existing organization. Developing a new program would be likely to result in more participation by people who saw the program as a community service autonomous within the county. Also, program monitoring for responsible and beneficial match-ups was less complicated to accomplish by retaining community ownership of the program.

The planning committee was then ready to address organizational issues of running an independent program such as recruitment, coordinator and board roles, and collaboration with referral sources (school social workers, counselors, nurses and others). The committee decided that each school district would represent a distinct community and that each community would benefit most by having their own match-up coordinator. The responsibilities of the community coordinators would be to recruit adult volunteers and to arrange and to oversee match-ups between volunteers. The role of the Cal-Pal Board was to govern the entire Cal-Pal program throughout the participating communities, to make financial decisions and to provide support to coordinators. An advisory committee was established to provide another layer of support to the board, coordinators and youth.

The second issue examined by the planning committee was liability insurance. The cost of liability insurance was likely to be a serious obstacle to establishing a voluntary youth/adult Pal program in the county. The county attorney advised that individual liability insurance would not be needed for this type of voluntary program. Liability insurance was not purchased; however, a statement was included in the parent permission form for youth/adult Pal match-ups that the Cal-Pal program did not have insurance coverage.

The third issue of the planning committee was fund raising. In February 1990, the Cal-Pal committee learned that Cal-Pal would be eligible to apply for a grant from the Iowa Department of Public Health, Division of Substance Abuse, as a preventative service program. The planning committee decided to apply for start-up funding costs for implementing Cal-Pal programs in five different communities. In March 1990, the coordinators from three communities received notice that they had been awarded community grants--a total grant award of $1,500.

The final issue faced by the planning committee was the development of a procedure manual. The authors and planning subcommittee reviewed other rural and urban match-up program procedures and wrote a procedural manual. Copies of the procedural manual were made for distribution to board members and coordinators once the program officially started.

After these four planning committee goals were met, a public meeting was held in April 1990. This officially marked the beginning of the Cal-Pal organization and gave public recognition to the volunteer committee. One of the specific goals of the first Cal-Pal meeting was to bring together board members, coordinators, adult volunteers, single parents and other interested persons from all of the communities involved. There were over 20 people at the first official Cal-Pal meeting. County newspapers reported the event, photographed the planning committee and published articles.

PROGRAM GROWTH

During the first year of the program, two of the authors were involved in increasing the organizational base of Cal-Pal board members and area coordinators, increasing participation in the youth/adult match-up program and building a positive attitude among volunteers and the community regarding the worth of the program.

Increasing the organizational base: The authors collaborated with the planning committee in selecting board members who were well known and well respected for their community involvement. The board members who were chosen used their range of associations and friendships to enlist additional board members and coordinators. The authors were also able to directly recruit board members and coordinators by contacting people who were already working with children in agencies and organizations in the county.

Increasing youth/adult Cal-Pal match-ups: The Cal-Pal Board set up a booth at the July 1990 county fair to publicize the program. A second means of publicizing the program and to increase match-ups was through assistance in writing newspaper and school newsletter articles. A third means was short talks given by members of the board and advisory group to various religious and community organizations. The school social worker and the school nurse were also able to help distribute coupons for free entertainment activities to various communities as they went to the schools throughout the county. Most importantly, they worked closely with the school counselor and the teachers in the schools to promote youth awareness of the program and to facilitate application procedures for youth who were interested in participating in the service.

Developing a positive attitude among volunteers and the community: The Cal-Pals Board had a party at a multi-recreational facility in March 1991. The advisory group worked with the board members and coordinators in contacting Cal-Pal match-up volunteers, making food preparations and publicizing the event. Over 30 Cal-Pal members and their families attended this weekend recreational evening. The enthusiasm and energy of the group were evident. Everyone agreed they would like to have another Cal-Pal event--and 1 youth suggested having another group party the very next day.

As the Cal-Pal program nears the end of its second year of growth, the authors have continued to become more involved in supportive tasks for the maintenance of the organization, for example, involvement in funding concerns and teaching procedures for match-ups. Direct recruitment has lessened as other volunteers in the Cal-Pal program have become more experienced in those activities. Local school support professionals increasingly have concentrated on balancing time commitments, maintaining a focus on the limited service mission of the program and being sensitive to the needs of volunteers who generously agree to make the program one that truly benefits the children it is meant to serve.

SUMMARY OF BENEFITS

Within a year after the first Cal-Pal Board Meeting, all board member positions were filled. Cal-Pal also expanded to include an additional area in an adjoining county. Thus, there are now seven board members representing different communities, plus one overall board member representative. In addition, by July 1991, there were a total of 10 coordinators and co-coordinators providing leadership in the different community sites. During the first year of the program's existence, a total of 25 match-ups were completed. Sixteen of the first year match-ups continue. Most of the discontinued match-ups at the end of the first year were due to families moving away or because of health problems.

By February 1992, the Cal-Pal program grew to a total of 27 active match-ups. Because of widespread interest by both youth and adult pals, there have been two additional group activities since the first party in March 1991. At the most recent Cal-Pal party, over 60 volunteers and families of Cal-Pal adult volunteers participated in the activities. The board has been supportive of new ideas, such as a dinner to honor adult Cal-Pal volunteers in February 1992. The Cal-Pal program continues to grow at an average rate of 1 or 2 new match-ups each month.

The most important change resulting from the creation of the community Cal-Pal program is the participation of youth and caring adults in a responsible and flexible new relationship. Awareness of the school social work role has increased with the advent of group events and additional match-ups. The structure of the Cal-Pal organization promotes procedures for appropriate match-ups and funding of enjoyable recreational activities for the matched pals and for the organization's group activities. It also provides a channel of communication between parents, adult volunteers, children and the coordinators. The new service network for referrals is working effectively, many community members are involved and it appears likely that this match-up program will continue for a long time.

CONCLUSION

Essential to the effectiveness of Cal-Pal is community consensus between youth, parents, school and non-school leaders that a need exists for an individual friendship program. Beyond being aware of the need, a match-up program at the county level requires the commitment of many people who make their time and talent available to Cal-Pal service. Rural school social workers, by training and experience, are able to play a part in building interdisciplinary cooperation assessing community needs, facilitating teamwork in group planning and supporting the ongoing goals of the developing community service program.

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SCHOOL SOCIAL WORK
IN EARLY CHILDHOOD
SPECIAL EDUCATION:
A POSITION STATEMENT

Issued By

The Midwest School Social Work Council

September 1991

Author: James P. Clark

It is the position of the Midwest School Social Work Council that the provision of school social work services in early childhood special education programs is essential to assuring comprehensive and effective educational programming for young children and their families.

Rationale:

School social workers are trained to assess and treat the individual, family and environmental problems that affect child development and learning. The particular focus of school social work practice is on linking the school, the home and community. The expertise of school social work lies in the area of psychosocial functioning, the interface and interaction of the individual and the environment. Historically, the social work profession has focused particularly on the individual in his/her family context and has stressed the use of family resources in problem-solving efforts. School social workers utilize knowledge of family dynamics, family stress, the family life cycle, family systems theory and family-based coping mechanisms in assisting families to resolve crises by identifying and tapping the family's own strengths along with resources in the community when needed. This orientation is critically important in planning and implementing special education services to young children, where the family is still the primary source for meeting basic needs.

The goals of providing school social work services in early childhood special education are

1. to facilitate and support the emotional development and social competence of young children;

2. to facilitate and support active and meaningful parent and family participation in educational decision making and planning;

3. to increase parent and family knowledge and understanding of child development;

4. to assist multidisciplinary team members in understanding the psychosocial and cultural experience of the child in the family and community;

5. to facilitate the linkage of families and appropriate resources in the community;

6. to provide school social work assessment, prevention and early intervention services in a multidisciplinary framework.

The following services typically are provided by school social workers working within an interagency and multidisciplinary service delivery system. These services are essential to accomplishing the goals of early childhood special education programs.

1. Family Assessment
   School social workers interview families in their home environment for purposes of obtaining a psychosocial history and conducting a family assessment, which identifies the family's emotional, physical, social, cultural and material resources that need to be considered by families and professionals in assessment and planning. A family systems perspective is utilized, which emphasizes the critical importance of considering the multiple and diverse needs of families that extend far beyond the immediately observed behavior of the individual child. This approach to assessment is family centered and intended to enable and empower families (Dunst, Trivette & Deal, 1988). This assessment is an essential ingredient in developing individualized family service plans (I.F.S.P.s), as described in recently enacted Federal legislation (The Education of the Handicapped Act Amendments of 1986, Public Law 99-457).

2. Case Management
   School social workers provide case management services to ensure cost-effective utilization and coordination of services. Weil (1989) has identified eight case management functions: 1) client identification and outreach; 2) individual assessment or diagnosis; 3) service planning and resource identification; 4) linking clients to needed services; 5) service implementation and coordination; 6) monitoring service delivery; 7) advocacy; and 8) evaluation. As Hare and Clark (1992) have illustrated, in school social work practice these case management functions are directly related to each of the major provisions of Public Law 94-142, the Education For All Handicapped Children Act. For example, client identification and outreach relate to the child find provision; individual assessment and

diagnosis relate to multidisciplinary evaluation and non-discriminatory testing, etc. With an ecological systems theoretical perspective and a practice focus on home-school-community, school social workers are in an ideal position to provide case management services. Indeed, school social work practice, historically and currently, most often has included case management functions.

3. Parent Counseling
School social workers provide counseling to parents individually and in groups. Often, this counseling focuses on the experience of parents in the grief process. The birth of a child with a disability or the gradual realization that an infant or toddler is developmentally delayed constitutes a life crisis for the family. Parents often experience recurring feelings of shock, denial, anger, guilt and depression. Providing counseling directed at these emotional issues maximizes the extent to which the family is able to productively engage with various providers of service.

4. Family Support
School social workers conduct ongoing support groups for parents, siblings, grandparents and other members of the extended family to include education, information, counseling and networking activities.

5. Training
School social workers provide staff development and inservice training for early childhood special education professionals and families on topics such as family dynamics, crisis intervention, the family life cycle and community resources, etc.

6. Consultation
School social workers provide consultation services to families, early childhood special education professionals and community agencies regarding the provision of effective and efficient family-centered early childhood special education programming.

7. Program Development and Evaluation
School social workers participate in early childhood special education program development by assisting with conducting needs assessments, program planning, program monitoring and program evaluation.

There is a growing recognition of the value of utilizing a broad base of expertise and skills that a variety of professionals can provide to early childhood special education programs. The most effective programs are characterized by the operation of multidisciplinary teams joining collaboratively with families. School social workers have much to contribute to this team effort.

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SCHOOL SOCIAL WORK WITH INFANTS AND TODDLERS WITH DISABILITIES AND THEIR FAMILIES: MAJOR ROLES AND KEY COMPETENCIES: A POSITION STATEMENT

Issued By

The Midwest School Social Work Council

September 1991

Author: James P. Clark

It is the position of the Midwest School Social Work Council that school social workers have a key role to play in the development and delivery of comprehensive services for infants and toddlers and their families as called for in Public Law 99-457, The Education of the Handicapped Act Amendments of 1986.

Public Law 99-457 calls for early interventionists to shift from a traditional child-centered approach that focuses on serving very young children with disabilities to an approach that is family-centered and considers the family itself to be the "unit of intervention" (Dunst, Trivette and Deal, 1988). This approach is consistent with the traditional focus of social work practice and emphasizes that "...the family is the constant in the child's life while service systems and personnel fluctuate" (Bishop, 1991). This orientation requires that professionals establish collaborative, supportive partnerships with families. Social workers can provide the leadership that is essential in assisting other professionals to develop this collaboration.

Public Law 99-457 specifically defines social workers as qualified providers of early intervention services. The definition of social work services includes the following (Title 34 CFR 303.12 [d][11]):

(i) making home visits to evaluate a child's living conditions and patterns of parent-child interaction;

(ii) preparing a psychosocial developmental assessment of the child within the family context;

(iii) providing individual and family-group counseling with parents and other family members, and appropriate social skill-building activities with the child and parents;

(iv) working with those problems in a child's and family's living situation (home, community, and any center where early intervention services are provided) that affect the child's maximum utilization of early intervention services; and

(v) identifying, mobilizing, and coordinating community resources and services to enable the child and family to receive maximum benefit from early intervention services.

This definition supports and recognizes the significant contribution that social workers can make in implementing key features of this legislation, particularly case management and individualized family service plans (I.F.S.P.s).

Because of their location in public schools, school social workers are in an advantageous position to provide services that are essential in operationalizing these components of the law. School social workers will need to work in partnership not only with families and other professionals, but also with social work colleagues in other service delivery systems such as public and private health care, mental health and social services. This partnership of professionals will ensure that services are delivered in a comprehensive and coordinated fashion.

School Social Work Mission, Major Roles and Key Competencies*

The primary mission of school social work in programs for infants and toddlers with disabilities and their families is to support the family in its social context so that it can provide the infant or toddler with an optimum environment for development and preparation for formal education. To successfully realize this mission, school social workers must act as advocates for individual families as well as for changes in the operation of service delivery systems (Bishop, 1991). A number of major roles and key competencies associated with these roles can be identified as essential in carrying out this mission.

Major roles for school social workers include the following:

---

*This presentation of primary mission, major roles and key compentencies specific to school social work is based on an initial draft of roles and competencies for social work developed at the Carolina Conference on Infant Personnel Preparation, May 18-21, 1988, Washington, D.C.

1. developing and modeling family professional partnerships, particularly in the development of the I.F.S.P. and in the provision of case management services (Bishop, 1991);

2. providing ongoing support to families in all aspects of service delivery;

3. advocating for family rights and access to community services that are flexible, culturally sensitive and responsive to the diversity of family desires and styles (Bishop, 1991);

4. serving as case manager and intake worker when appropriate;

5. facilitating the creation and development of needed services and effective mechanisms for coordinating services;

6. mobilizing families to utilize available supports, e.g. extended family, community groups, friends, churches, public agencies and programs, etc.;

7. participating in the development, continuous monitoring and evaluation of the I.F.S.P.;

8. assisting other professionals in understanding the psychosocial and cultural experience of the child in the family and community;

9. providing staff development and inservice training on topics such as family dynamics, crisis intervention, the family life cycle, understanding and sensitivity to the cultural diversity of families, community resources, etc.;

10. assessing the family's capacity to provide and manage basic nurturant needs, e.g. food,

shelter, protection, medical care, employment, etc.;

11. assessing family functioning, including the identification of family strengths and needs;

12. assessing developmental, social, emotional and behavioral functioning of infants and toddlers;

13. planning, providing and evaluating family services, such as parent support groups, individual counseling, sibling support groups, family therapy, marital counseling, family education groups, etc.;

14. providing and evaluating services related to problems in family functioning, e.g. marital relations, parent-child interactions, etc.

The following key competencies are essential to functioning in these roles:

1. knowledge and skill in developing family-professional partnerships throughout the provision of services;

2. knowledge of resources and supports available in the community and skill in referring and coordinating the family's effective and efficient use of such assistance;

3. knowledge and skill in identifying gaps in community services and in advocating for the development of needed services;

4. knowledge of and sensitivity to the cultural diversity of families and skill in assisting other professionals to acquire understanding and sensitivity to this diversity;

5. skill in interviewing families to obtain a psychosocial history and assessment for purpose of identifying the family's emotional, physical, social, cultural and material resources that need to be considered by the multidisciplinary team in developing the I.F.S.P.;

6. knowledge and skill to assess adequately the typical and atypical infant and toddler emotional, social and behavioral functioning;

7. knowledge of the impact of delayed or atypical child development on the family and skill in assessing and intervening with families in this regard. Specifically, knowledge of the family life cycle, family systems theory, family-focused crisis intervention and the grief process is essential, along with skill in providing therapeutic family or marital intervention;

8. knowledge of the basic functions of case management and skills in implementing these functions in a family-centered plan;

9. knowledge of laws and regulations pertaining to parent rights and family law;

10. knowledge of multidisciplinary and multiagency team process and functioning;

11. skill in training other professionals to acquire knowledge and skills essential to providing family-centered services;

12. knowledge and skill in program development, monitoring and evaluation.

School social workers are an essential resource in the process of developing and implementing comprehensive, multidisciplinary and interagency service delivery systems for infants and toddlers with disabilities and their families. Developing effective, family-centered service systems is critical and urgent and will require the diligent and collaborative efforts of families, professionals and communities. The result will be an improved quality of life for infants and toddlers with disabilities and their families.

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Title 34 Code of Federal Regulations, Part 303.

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EDITORIAL COMMENTS

The Iowa Journal of School Social Work is heading into its 9th year of production, thanks to a dedicated Editorial Board, a consistent readership, a strong article contributorship base, and the ongoing support of social work professionals who are committed to school social work practice. School social work is highly complex and challenging. Within the social work profession, school social workers find themselves on the cutting edges and frontiers of the profession. We engage daily with the emergence of societal trends and movements as these find expression in the schools. We deal with "grass roots" existence and concerns.

School social workers need comprehensive knowledge about human behavior and a broad spectrum of refined skills to address the concerns that are encountered. So often, we confront ourselves with the question, "If I do not advocate for this child and family, who will?" We recognize that if we do not advocate or risk for children, we become partners with the systems, movements, or trends that exploit them or may destroy them. Our world view among professionals is unique, in that we "start where the client is" as we work for positive change and growth.

As a professional group, we need to evaluate ourselves continually in order to grow and mature. We owe so much to the forerunners of our profession who paved the way for us. In this day, significant questions face us:

1. What language do we use to communicate more effectively with those who touch the lives of children?

2. What is the most effective language of empathy, problem solving, conflict resolution, or peacemaking to precipitate individual and system change?

In the face of significant monetary cutbacks, which will affect service delivery, we must look closely at our service delivery systems and approaches in the school. We must support strongly those licensure and certification standards that ensure quality practice.

As we see IJSSW's landmark decade of existence on the horizon, we are looking toward expansion. We are calling for papers that focus on innovative practice. We are urging research and replication of research studies to ensure practice integrity. We are soliciting book and film reviews and letters to the editor. Complimentary issues of this Journal will be sent to accredited social work programs throughout the nation with the hope that they will choose to subscribe and contribute to our effort. We urge readers to solicit subscriptions and relevant papers from professional friends and colleagues who share our interests and commitments. If anyone is interested in serving as a Book Review/Film Editor or serving on the Editorial Board, please contact us. We are looking for leaders in school social work from across the nation.

In closing, appreciation is extended to Pat O'Rourke, Director of Special Education, Iowa Area Education Agency 7 (AEA 7), who supports the production of this journal and has made the AEA 7 production services available to us. Special thanks is extended to Oletha O'Donnell, AEA 7 Word Processing Specialist III, who literally has become a partner in this publication endeavor. Thanks also is extended to Sandy Lawry, AEA 7 Student Records Specialist IV, who works with us to update our subscription list.

Cheryl McCullagh
Manuscript Editor

CALL FOR PAPERS

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The Iowa Journal of School Social Work invites authors to submit papers to be considered for inclusion in a special issue or issues devoted to Innovations in School Social Work Intervention. Papers must be received by August 20, 1994. Send papers to IJSSW, P.O. Box 652, Cedar Falls, IA 50613. The length of papers may vary from 1 to 16 double-spaced typewritten pages.

Shorter papers simply may describe innovations, whereas longer papers should focus on research or theory development and should be referenced. The inclusion of outcome data is encouraged. Interventions may include work with individual students, groups, families, teachers, school systems, or communities.

Please send four copies of submitted papers, a short abstract, and a short "About the Author" statement. A 3 1/2 inch Revisable Form Text format hard computer disc will be appreciated and will be returned. Questions should be addressed to Cheryl McCullagh, IJSSW, Manuscript Editor, Box 652, Cedar Falls, IA 50613.

UNRAVELING THE LICENSING, CREDENTIALING, AND CERTIFICATION MAZE: A GUIDE FOR SCHOOL SOCIAL WORKERS

James P. Clark

ABSTRACT

This article describes the various licensing, credentialing, and certification systems encountered by school social work practitioners. School social workers must develop a clear understanding of the structure and operation of these systems in order to meet increasingly complex regulatory requirements. As a guide and tool for the school social work practitioner, a summary table is provided, which includes essential information about these requirements.

Regulation of the social work profession via professional licensure, certification, and credentialing has increased dramatically in the past 2 decades. Increasing numbers of states have enacted licensing laws for social workers and state certification systems for school social workers. In addition, the National Association of Social Workers (NASW) and the American Board of Examiners in Clinical Social Work have developed a number of professional credentials that attest to the specialized practice expertise of social workers who practice clinical social work in a variety of settings. Also, more recently, NASW has developed the organization's first specialty practice area credential, the School Social Work Specialist credential.

The proliferation of these licensing and credentialing systems has resulted in an increasingly complex and often confusing maze of requirements and procedures that are difficult for school social work practitioners to understand and to negotiate. This article describes and summarizes these systems and their related requirements in an effort to provide school social work practitioners with a guide for understanding their structure and processes. Table 1 provides a summary of the essential features of the systems that are discussed in this article.

LICENSING

According to NASW (1993), all states, with the exception of Hawaii, now have established some type of regulation of social work practice, i.e., licensure, registration, or certification. In Iowa, with the passage of licensure legislation in 1984, the first statutory regulation of social work was established. The Board of Social Work Examiners was created to govern the licensure process.

Current licensure requirements include (a) a master's degree in social work from a college or university accredited by the Council on Social Work Education, (b) validated evidence of 2 years of post masters social work experience, and (c) a passing score on the clinical level exam of the American Association of State Social Work Boards. Social workers meeting these requirements may use the designation "LSW" (Licensed Social Worker). Twenty-four clock hours of continuing education must be completed every 2 years in order to renew the license (Board of Social Work Examiners [280], Iowa Administrative Code).

Though the types and requirements of licensure systems vary from state to state, the common purpose of professional licensure is to provide a method by which the public can be protected from those who would practice illegally or unethically and in a manner that could harm clients who receive services from the profession. For the social work profession in Iowa, this is the primary responsibility of the Board of Social Work Examiners. Under requirements of the current law, social work licensure in Iowa is voluntary, i.e., there is no particular requirement that social workers hold the license; but, if they do, they must meet all requirements of the law and its implementing regulations. In effect, this means that the Board of Social Work Examiners has no jurisdiction to act on complaints received against social workers who legally choose to practice without a license.

Dissatisfaction with this limited ability to adequately protect the public from social workers who practice illegally or unethically has prompted a recent initiative to develop legislation to amend the current law to make licensure mandatory and application to social workers at all levels of training, i.e., BSW, MSW, and Ph.D. or DSW. The Iowa School Social Workers Association has joined with the Iowa Chapter of NASW and other social work specialty associations in forming a coalition for this purpose. The social work licensure bill (SF100) will be considered by the Iowa Legislature during the spring 1991 session.

CREDENTIALING

Social work credentials are the means by which professional organizations recognize social workers' competence to practice at certain levels or, in particular, specialized fields of practice, such as clinical social work or school social work. For example, the NASW Academy of Certified Social Workers (ACSW) attests to the ability of

Academy members to independently practice social work. For clinical social workers, examples include the Diplomate in Clinical Social Work and the Qualified Clinical Social Worker credentials issued by NASW and the Board Certified Diplomate in Clinical Social Work credential issued by the American Board of Examiners in Clinical Social Work.

Most recently, NASW has developed the School Social Work Specialist credential. This is an effort to recognize those social workers who have demonstrated minimum knowledge, skills, and abilities in the specialized practice area of school social work. Credential requirements include (a) the MSW degree, (b) 2 years of school social work practice experience, (c) recommendation from the school social worker's supervisor, and (d) successful completion of the school social work subtest of the National Teachers' Exam (NASW, 1990).

This credential currently is not a requirement for obtaining licensure in school social work in any state. It is anticipated that some states will soon begin to incorporate some or all of the credential requirements into state school social work certification or licensing requirements. It is important to note that, at this time, none of the above-noted professional credentials are prerequisites or requirements for licensure as a social worker or as a school social worker in Iowa.

SCHOOL SOCIAL WORK LICENSING

Recent national survey data collected by Shaffer (1990) indicate that 32 states have some procedure for licensing or certifying school social work practitioners. At least 4 additional states indicate they are currently in the process of advocating for the establishment of such requirements. Specific requirements vary from state to state, but these data indicate that 23 of the 32 states who certify or license school social workers identify the MSW degree as the minimum educational requirement, and 7 additional states identify the MSW degree or alternative degree options. Three states require only the BSW degree.

In Iowa major revisions of the system for certifying all school personnel went into effect on October 1, 1988. Prior to this time school social workers were granted permission to practice in Iowa schools through the issuance of a Statement of Professional Recognition (SPR). The only requirement for the SPR was the MSW degree. There were no renewal requirements.

The Iowa School Social Workers Association worked collaboratively with the Iowa Department of Education throughout the early 1980s to develop a certification procedure for school social workers that would include requirements for graduate course work specific to school social work practice. Social work, education, and special education courses were selected for inclusion in an "approved program" for school social work certification at the University of Iowa, because this university has the state's only graduate level social work program. Graduate students who complete the required courses in the approved program are eligible, upon receipt of the MSW degree, for certification as a school social worker at the recommendation of the University. The intent is to create a certification procedure similar to that required of teachers, i.e., a procedure that emphasizes specific pre-service preparation of the professional and that recognizes the specialized nature of school social work practice.

The approved program for school social work certification was developed with the intent of replacing the SPR procedure. Due to concern regarding whether the new procedure would adversely affect the supply of qualified school social workers in its initial implementation period, it was decided that the SPR would be retained as an optional route for social workers who might not meet all of the approved program requirements. Two additional requirements will be included. Effective October 1, 1988, to be eligible for an SPR, a social worker must (a) hold an MSW degree, (b) hold a social work license issued by the Board of Social Work Examiners (LSW), and (c) complete an approved human relations course. The addition of the renewable LSW requirement was intended to assure ongoing professional development. The addition of the human relations course requirement was the result of a statutory change that added this requirement for all school personnel. At this time it is not clear whether retention of the SPR option has actually prevented a decline in the supply of qualified school social workers. Recent data do suggest that, while the qualified applicant pool appears to be shrinking slightly, school social work programs still are relatively successful in filling vacant positions (Clark 1992).

A significant change in the state governance system for certifying school personnel, including school social workers, occurred in 1989 with the passage of legislation that created the Board of Educational Examiners. Comprised primarily of educators, this Board has the authority to establish licensing standards for all school professionals. Prior to the creation of this Board, this authority rested with the Iowa State Board of Education, which is comprised of lay persons appointed by the Governor of Iowa.

In discussing the Iowa State Education Association's long and persistent legislative effort to establish the Board of Educational Examiners, Comer (1993) points out the "self-governance is the essence of a profession" (p. 122). Thus, the

Board of Educational Examiners now sets regulatory standards for the profession of teaching in much the same manner that other professional licensing boards establish standards for their respective professions, e.g., the Board of Social Work Examiners, the Board of Medical Examiners, etc.

When the Board of Educational Examiners was established, the previously used term "certification" changed to "licensure." This can be confusing for school professionals who are not teachers and who have also been licensed by their respective professional licensing boards, e.g., school social workers who may be licensed by the Board of Social Work Examiners, school psychologists who may be licensed by the Board of Psychological Examiners, etc. Thus, some school social workers currently hold a school social work license issued by the Board of Educational Examiners and a social work license (LSW) issued by the Board of Social Work Examiners. This arrangement is sometimes referred to as "dual licensure."

CONCLUSION

Licensing, credentialing, and certification in the social work profession has become more extensive and complex in an age of increasing professional specialization. School social workers can effectively negotiate these systems if they acquire a clear understanding of the requirements of these systems and the authority structures that govern them. Summary Table 1 provides a tool for the school social work practitioner who seeks this understanding.

Table 1

Social Work and School Social Work Licensing and Credentialing Requirements

	Social Work Licensing (Iowa)	Social Work Credentialing	School Social Work Licensing	School Social Work Credentialing
Authority	Board of Social Work Examiners	National Association of Social Workers	Board of Educational Examiners	National Association of Social Workers
State Agency	Department of Health	————	Independent Board - Department of Education administered	————
Designation	LSW	BCD (Board Certified Diplomate) ACSW (Academy of Certified Social Workers) QCSW (Qualified Clinical Social Worker)	Two options: a) Statement of Professional Recognition (SPR) or b) School Social Work License	School Social Work Specialist
Minimum Educational Requirements	MSW	MSW	MSW	MSW
Experience	2 years post MSW	2 years post MSW	None	2 years post MSW supervised experience
Exam	Yes	Yes	None	Yes
Other Requirements	Validation of 2 years of post MSW social work practice	None	a) SPR: LSW, Human Relations course b) License: Completion of approved program	• Ethics agreement • Professional references: Supervisor and colleague
Renewal Requirements	CEUs: 24 clock hours/2 years	BCD - 20 clock hours/year QCSW - fee only ACSW - fee only	a) SPR: None (but maintenance of LSW is required) b) License: Eight renewal units/5 years	30 clock hours of continuing education/ 3 years

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James P. Clark is Consultant for School Social Work Services for the Iowa Department of Education, Bureau of Special Education. He has served as a test item writer and as a member of the Subject Matter Expert and Advisory Committees for development of the School Social Worker Specialty Test of the National Teachers Examination and was instrumental in the development of the National Association of Social Workers School Social Work Specialist Credential during his appointed tenure as a member of NASW's Competency Certification Commission School Social Work Subcommittee. He currently is Vice-President of the Midwest School Social Work Council, President-Elect of the Iowa Chapter NASW, and serves as a Consulting Editor for Social Work in Education.

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COGNITIVE-BEHAVIORAL TREATMENT OF ATTENTION DEFICIT HYPERACTIVE DISORDER WITH AN ELEMENTARY SCHOOL STUDENT

Thomas Kremer

ABSTRACT

Cognitive-behavioral self-control therapy was used to decrease the amount of time that an Attention Deficit Hyperactivity Disordered and behaviorally disordered special education student spent in "time-out." Training by means of a problem-solving plan affected the subject's positive control over problematic behaviors and reduced time spent out of the classroom. Intervention was initiated after a 4-week baseline measure of the amount of time spent in time-out and continued for 6 weeks for a total of 10 weeks. The results of the multiple measure time series design were plotted on a graph and examined to determine the decrease in problematic behavior and the amount of time the subject spent in time-out.

Research was conducted to evaluate the effectiveness of the author's use of cognitive-behavioral techniques to decrease the amount of time that an Attention Deficit Hyperactivity Disordered (ADHD) and behaviorally disordered (BD) self-contained special education student spent in time-out. The student was being treated with methylphenidate medication. Increased time in the classroom translated to increased time that was spent on academic tasks. Time-out translated to time spent out of the classroom and, therefore, time that was not directed toward academic tasks. Additionally, it was expected that the student would exhibit increased compliance to teacher prompts as the result of the cognitive-behavioral intervention. The effectiveness of intervention was measured after a baseline period was established. The outcome of the self-control training with the research subject was measured by comparing the amount of time that the subject spent in time-out before and after the research activity.

"Time-out" is a term that refers to a period of time that a student spends alone in a secluded area. In this research study a student spent a time-out period when the teacher perceived that the student was behaviorally disruptive to the rest of the class activities. The student remained in the time-out area until the teacher perceived that the student was behaving appropriately for the classroom, at which time the student returned to the classroom.

Inappropriate classroom behaviors exhibited by students often precipitate a referral to the Area Education Agency (AEA 7) social worker for service intervention. Some examples of inappropriate behaviors that provoke referral are constant talking, disruptive noises, noncompliance to teacher prompts, negative peer interaction, physically and verbally aggressive behavior, and lack of motivation to participate in learning activities. Normally, the results of such inappropriate classroom behavior are less time spent on academics for the disruptive students as well as their peers. When these behaviors are exhibited extensively, students who exhibit such behaviors typically are removed from the classroom for a time-out. Being removed from the classroom results in less time for academic training; therefore, when ADHD/BD children are removed often from the classroom, it is assumed that they fall even further behind peers in academic progress if the behavior problems are not reduced effectively. Desired classroom behaviors are compliance to teacher prompts, staying on task, positive peer interaction, and motivation to complete academic assignments (Turkewitz, O'Leary & Ironsmith, 1975).

LITERATURE REVIEW

Attention Deficit Hyperactivity Disordered students are diagnosed in accordance with the DSM III R manual (1987). Criteria for identifying ADHD include fidgeting, having difficulty remaining seated, being easily distracted, exhibiting poor impulse control, demonstrating difficulty in sustaining attention, and exhibiting excessive talk (DSM III R, 1987). Although a number of specific symptoms of ADHD have been examined (Borden, 1987), the most prevalent symptom of ADHD that is identified or causes referral for service intervention is a student's difficulty remaining attentive to academic instruction or task completion in the school setting (Waldman & Lilienfeld, 1991).

A study by de Sonneville, Njiokiktjien, and Hilhorst (1991) addressed the effects of using stimulant medications to improve the attention of ADHD students. Subjects were given methylphenidate medication after a baseline of measured attentive behaviors was established. The results of the study showed an increase in sustained attention in the subjects. Similar results were found in a study by Carlson, Pelham, Swanson, and Wagner (1991).

Although medications are used widely to help ADHD students stay focused on schoolwork, medications do not completely eliminate the behavioral effects of the disorder (Stephens, 1984). Teachers often spend excessive time and energy in their teaching day managing ADHD students behaviors rather than teaching the class. Other intervention(s) such as cognitive-behavioral treatment, in addition to medication, may be useful in helping to manage the behavior. If the student's behavior and attention are controlled more effectively, the student spends more time on academics.

Self-monitoring behavior training, including cognitive-behavioral treatment, has been examined and proven to affect positively the on-task behaviors of ADHD students (Maag, 1992; Gordon, 1991; Horn, Ialongo, Greenberg, Packard, & Smith-Winberry, 1990). The treatment consists of teaching the student to check his/her own behavior, solve problems effectively, and, thus, behave appropriately. The study by Gordon (1991) demonstrated specifically that cognitive training successfully increased the on-task behavior of ADHD students. It should be noted, however, that upon cessation of training, the desired effects dissipated. Similar results were found by Lovejoy and Routh (1988).

Kendall (1985) suggests that the application of cognitive-behavioral training helps to control problem behavior in the classroom. Abikoff and Gittelman (1985) directly address symptoms of ADHD (inattentiveness, impulsivity, and restlessness). In addition to medications, cognitive-behavioral techniques were used in their study to help the research subjects improve behavior and thereby to increase quality class time and academic performance. The authors found that cognitive-behavioral training did not "cure" the subjects' problem behaviors but did increase the amount of time that subjects spent on-task in the classroom. The authors attribute the longer-lasting appropriate behavior to better problem-solving skills and improved self-regulation of behaviors, both of which are cognitive-behavioral trained skills.

Similar results were found by Horn et al. (1990). By using self-control therapy, ADHD children were trained in relaxation techniques and problem-solving techniques. Concordant with Abikoff and Gittelman's study (1985), the cognitive-behavioral techniques were shown to have positive effects.

Research by Turkewitz et al. (1975) looked at a cognitive-behavioral approach for maintaining appropriate behavior. The subjects were BD children who demonstrated a difficult time exhibiting appropriate classroom behaviors. The subjects were trained in self-regulation techniques to help them increase their awareness of problematic behavior. After receiving cognitive-behavioral training, the subjects did not improve significantly. When the same techniques, however, were used on students who were also involved in another behavior control method (such as the use of medication), the students' disruptive behaviors decreased dramatically.

RESEARCH METHOD

The primary research question for this study was as follows: "Is cognitive-behavioral training, or, more specifically, self-control therapy effective in helping an elementary ADHD student spend more time in the classroom?" The independent variable was the cognitive-behavioral training, and the dependent variable was the amount of time spent in time-out. The cognitive-behavioral intervention technique was self-control training. The desired behaviors were a decrease in time spent in time-out and more compliance to teacher prompts. Compliance was defined as following adult directives.

Subject

The participant was a 7-year-old male student who was labelled BD, diagnosed as ADHD, and served in a self-contained special education classroom. The classroom contained 5 students, 1 teacher, and 1 associate teacher. The participant had been taking methylphenidate medication for over 1 year as a single intervention to control his behavior problems and had experienced little success. He was characterized as having frequent behavior outbursts, such as screaming or yelling at teachers and other students and hitting and kicking the teacher and other adult helpers in the class. He also had difficulty attending to his school work. These behaviors caused the student to be sent out of the classroom for time-out. Because of these behaviors, the subject was referred to the AEA 7 social worker.

Clinician

The clinician (author) was a social work practicum student from AEA 7 in Waterloo, Iowa. The agency provides support and special education services to students who have disabilities that affect their academic achievement and for students who are at risk for disabilities. The author's primary responsibility in the school was to provide teachers, students, and parents with assistive techniques to help control children's behavior problems and enhance their learning.

Evaluative Design

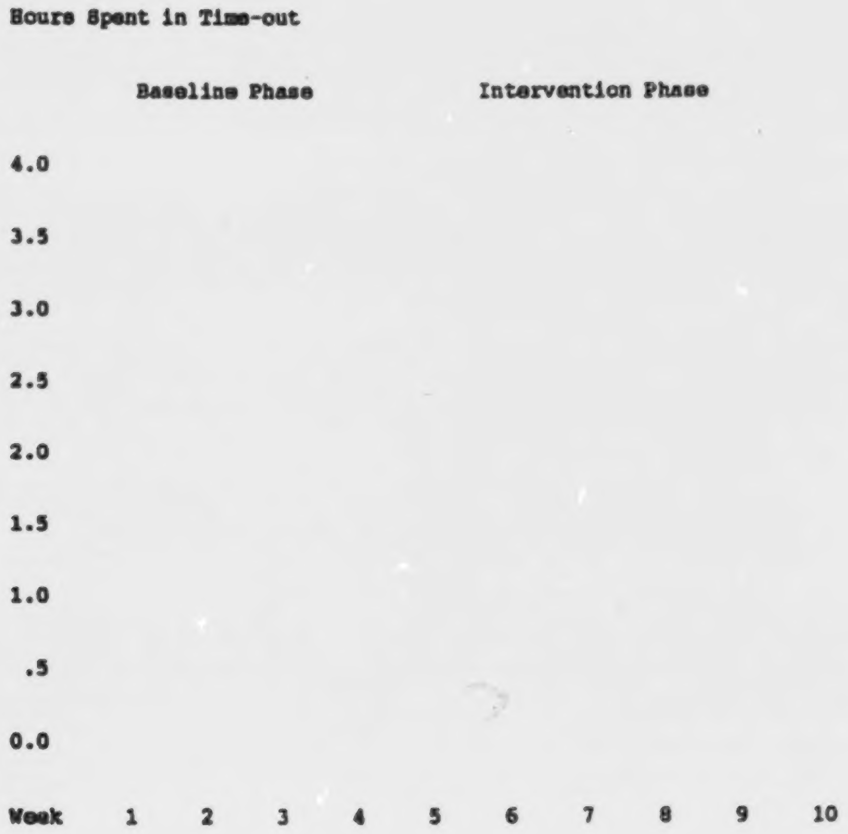
The evaluation was based on an outcome-based research design that measured the author's effective use of a cognitive-behavioral model to decrease behavior problems in a specialized class for students who were labeled BD and also diagnosed as ADHD. The effectiveness of the intervention was evaluated by using a time series design measure of a baseline period that continued throughout the intervention period (Alter & Evens, 1990). The baseline consisted of four weekly measures of the amount of time that the subject spent in time-out over a 4-week period prior to any intervention. The intervention phase was six weekly measures of the amount of time that the subject spent in time-out after intervention was initiated (see Figure 1). In addition, the problem-solving plan was used when the student was playing simple board games such as "Candyland" and "Shoots and Ladders."

Data Analysis Plan

Collected data were plotted on a graph (Figure 1) to observe the decrease of time spent in time-out. The graph allowed the baseline data to be compared to intervention data. A decrease in time spent in time-out would show that the training session with the subject was successful. If the amount of time spent in time-out remained the same or increased, the data would show that the intervention was unsuccessful. The amount of time spent in time-out was the only data examined to determine the success of the intervention. The rationale for examining this single dependent variable was the frequency in which time-out is used in school settings. Although the amount of time-out was the only data obtained, other observable behaviors were expected from successful intervention. In addition to decreased time in time-out, successful treatment was expected to increase appropriate classroom behaviors, compliance to teacher prompts, and positive interaction with peers.

This time series design provided a measure of the effects of treatment (independent variable) on the amount of time the participant spent in time-out (dependent variable) throughout the evaluation. The effects of treatment were observed by means of the periodic baseline and intervention measures.

Figure 1. Time series design of baseline and intervention phases.



Assessment Procedures

The instrument used to collect the data was a simple chart with the dates of 10 consecutive weeks (see Table 1).

Table 1

Instrument Used to Collect and Record the Number of Hours Spent in Time-out

	Hours Spent Daily in Time-out					
Week	Monday	Tuesday	Wednesday	Thursday	Friday	Weekly Total
1	.25	1.0	.25	.5	.5	2.5
2	1.5	.5	1.0	0.0	1.5	3.5
3	0.0	.5	1.5	.5	0.	2.5
4	.5	.25	0.0	1.0	.25	2.0
5	0.0	0.0	0.0	0.0	0.0	0.0
6	0.0	0.0	0.0	0.0	0.0	0.0
7	.5	0.0	.25	0.0	.25	1.0
8	0.0	0.0	0.0	0.0	0.0	0.0
9	0.0	0.0	0.0	.25	0.0	.25
10	0.0	0.0	0.0	0.0	0.0	0.0

The total amount of time that the subject spent in time-out for each week was recorded. Data were collected weekly by tallying the teacher's record of the subject's time spent in time-out throughout the baseline and intervention phases. The only data used for this research consisted of the total amount of time that the subject spent in time-out, although other measurable behaviors, such as more classroom time and better compliance to teacher prompts, were also recorded as positive results.

Intervention Procedures

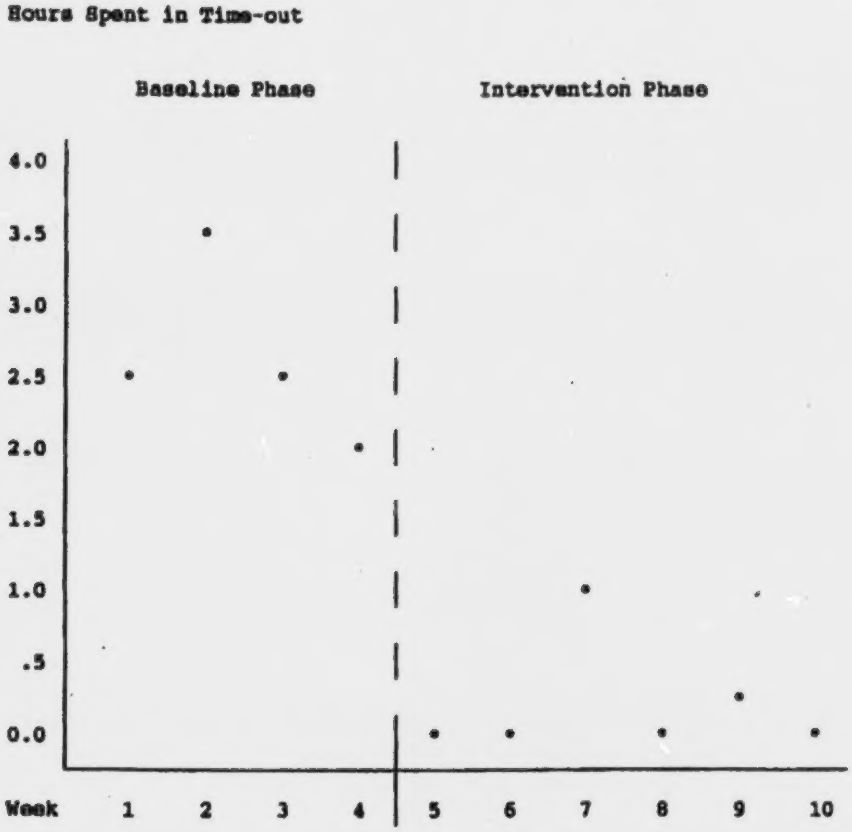
After receiving consent from the subject's parents, the school, and the agency, the author obtained the baseline data and participated in self-control therapy (Horn et al., 1990) with the subject. The training consisted of six weekly 30-minute meetings throughout the intervention period. The subject was taught a problem-solving plan to decrease negative classroom behaviors. The plan included teaching the subject the following steps: taking a deep breath; identifying the problem; identifying solutions; acting on the best solution; and evaluating the chosen solution. An emphasis was placed on taking deep breaths so that the subject could stay relaxed throughout the problem-solving activity. The training was presented by the author for both an academic task (such as completing a math assignment) and for interpersonal problems (such as conflicts with the teacher or peers).

RESULTS AND DISCUSSION

Analysis of the changes in the amount of time that the subject spent in time-out was conducted by visual inspection. Figure 2 shows the amount of time that the subject spent in time-out over a 10-week period.

The baseline data were gathered during weeks 1-4 and showed a range of 2.0-3.5 hours spent in time-out per week. After intervention was initiated in week 5, the amount of time that the participant spent in time-out ranged from 0-1 hour per week through week 10.

Figure 2. Weekly data points of the amount of time the participant spent in time-out through the baseline and intervention phases.



The decline in total time spent in time-out suggests that cognitive-behavioral treatment is an effective means of helping ADHD students in elementary school spend more learning time in the classroom and improved problem-solving activity. In addition to the analyzed data, the subject showed an observable increase in appropriate classroom behavior. His teacher reported an increase in compliance with instructions, positive play with peers, and improved problem-solving skill activity. Furthermore, the subject was reportedly less disruptive during interactions with the teacher and other students in the classroom.

A potential limitation of the study was the length of time between treatment sessions. Although the weekly measures were assumed to be an accurate measurement of baseline and intervention data, the validity of infrequent measurements may be questioned. Effective evaluation could include more frequent measures of multiple variables in a time series format and might include several subjects to increase validity.

The student had contact with a number of other professionals, such as the school psychologist, teacher, and teaching assistant during the baseline and intervention phases of the evaluation. It is possible, therefore, that the results may have been skewed by the subject's contact with other professionals. These professionals, however, did not have a weekly structured one-on-one meeting time with the student.

The assumption or hope in using self-monitoring and self-control techniques is that participants will continue to use the techniques after therapy is terminated. The research subject's continued use of cognitive training was not addressed in this study. It should also be emphasized that this research subject was taking medication for the ADHD disorder.

CONCLUSION

The author's use of cognitive-behavioral self-control therapy with the subject was effective. Results of this study support previous research efforts. Specifically, the findings results support by Kendall (1985), Abikoff and Gittelman (1985), and Horn et al. (1990), who structured interventions with ADHD students. In addition, the work of Turkewitz et al. (1975), which showed positive results with BD students who were served in specialized classrooms, is supported.

Time constraints allowed only a weekly 30-minute training session with the subject. A more detailed research study could include more data points in shorter time intervals and run for a time period longer than 10 weeks. In addition, the precise steps used in the cognitive therapy could be correlated more precisely with specific behavioral changes in students in order to pinpoint the most effective aspects of the intervention techniques used in self-control therapy. Even more specifically, researchers could compare the different techniques used in cognitive-behavioral therapy to determine which techniques most effectively address the various and diverse needs of students in special education. Finally, the author asserts that this research is clinically relevant in that it affirms the choice of using cognitive-behavioral therapy, in addition to medication, to increase desired behaviors of ADHD/BD students.

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NATIONAL ASSOCIATION OF VISITING TEACHERS: THE EARLY YEARS, 1916-1930

James G. McCullagh

ABSTRACT

The creation and development of the first national association for school social workers - the National Association of Visiting Teachers and Home and School Visitors - is traced from its conception to 1930. The Association united visiting teachers, home and school visitors, and school counselors and created a national professional identity that reflected its association with the professions of education and social work. The Association's leadership - all women - established a committee structure, sponsored annual and regional conferences, published a bulletin, newsletters, and various reports, and established qualifications for its membership, which ultimately contributed to the development of one national association for social workers.

The National Association of Social Workers (NASW) united social workers by bringing together five professional membership associations and two study groups, when all seven merged on October 1, 1955, to become one large professional association of social workers (Battle, 1987). One membership association, the National Association of School Social Workers, terminated its activities on September 30, 1955, and became, on the following day, the School Social Work section of the new Association. The first professional association for school social workers - the National Association of Visiting Teachers and Home and School

Visitors--created in 1919 less than 20 years after the emergence of the first home and school visitors and visiting teachers, was an important step in the development of a national "visiting teacher" identity. This identity - reflecting an association with both education and social work - over time ultimately led to the forging of an exclusive association with the social work profession.

The Visiting Teacher Association strove to unite and professionalize home and school visitors, visiting teachers, and, later, school social workers. Through its leadership, committee structure, annual and regional conferences, and publication of its bulletin, newsletters and various reports, the Association established qualifications for membership and contributed to the development of a social work profession. Although the disparate elements of the social work profession were united in the mid-1950s, school social workers still retained their more particular identities. This commitment to one's identity as a school social worker is reflected in the 1990s, e.g., by the various regional and state school social work associations.

Specialization within the unity of one social work profession is a continuing recognized need in the 1990s. This paper is intended to inform or reacquaint contemporary school social work practitioners with an important component of their roots - their first national association - which may provide a perspective from which to make decisions in the 1990s regarding optimal organizational structures to represent their interests. This article will discuss the creation and early development of the Association through 1930; the later years (1930-1955) will be presented in a subsequent paper.

IJSSW, April 1994

THE VISITING TEACHER MOVEMENT: 1905-1930

The roots of school social work are found in New York City, Boston, Chicago, and Hartford, Connecticut, just after the dawn of the Twentieth Century. By 1916, visiting teachers were found in a number of cities. In New York City the Public Education Association (PEA) assumed responsibility for visiting teachers in 1907 (McCullagh, 1993). In 1916, this organization maintained a staff of 9, who were placed in public schools throughout the city, and, in addition, 7 visiting teachers were employed by the Board of Education (Nudd, 1916). Home and school visiting in Boston, although not formally associated with the public schools, had increased to 15 visitors and 10 volunteers (Culbert, 1916). Philadelphia, by 1916, had 6 visitors, and a number of other cities and towns had at least 1 visitor: Chicago; Baltimore; Columbus, Ohio; Springfield, Worcester, and Newton, Massachusetts; Hartford, Connecticut; Red Bank and Montclair, New Jersey; Mount Vernon and Rochester, New York; Louisville; and, Minneapolis (Culbert, 1916; N.C.V.T., 1924).

By 1921, there were at least 91 visiting teachers in 28 cities in 15 states. New York City led with 17, followed by Boston with 15, Minneapolis with 14 and Rochester with 7 (N.A.V.T.H.S.V., 1923). The growth of visiting teachers was enhanced by the National Committee on Visiting Teachers (NCVT), which placed visiting teachers in approximately 30 communities in the 1920s throughout the United States and provided additional advisory services to other communities who had or were interested in establishing visiting teacher services. By May 1923, the number of visiting teachers had increased to 140, now working in 50 cities and 5 counties in 25 states (N.C.V.T., 1924). By April 1930, there were 258 visiting teachers located in 95 cities and 8 counties in 38 states (Nudd, 1930). The dedication and belief of these pioneer visiting teachers was the foundation that triggered the emergence of leadership that in 1916 began an organized process to create a national association.

THE NATIONAL ASSOCIATION OF SCHOOL SOCIAL WORKERS

The striving for a national visiting teacher identity probably began in 1915. Miss Holbrook, one of the earliest visiting teachers, reflecting on the growth of the Visiting Teacher Association, recalled in 1935 a discussion that contained the seeds of a dream to create a national association. While attending the National Conference of Charities and Correction in Baltimore in May 1915, three early visiting teachers - Jane Culbert, Harriet Johnson, and Sara Holbrook - and Sally Lucas Jean, the playground director of the city of Baltimore ("Who Was Who," 1924), had lunch together "and talked of the possibilities in Visiting Teacher work and the need and desirability of keeping in touch" ("President Past," 1935, p. 1).

First National Conference

The idea of "keeping in touch" and sharing professional experiences began formally on July 15, 1916, when visiting teachers held their First National Conference of Visiting Teachers and Home and School Visitors in New York City ("N.A.V.T. Celebrates," 1929; "School Visitors," 1916). This first conference, initiated by the PEA (Cohen, 1964) and attended by "home and school visitors from all parts of the country" ("School Visitors," 1916, p. 24), was held in conjunction with the annual convention of the National Education Association (NEA). Howard W. Nudd, Director of the PEA since 1913 (P.E.A., 1913), and Harriet M. Johnson, a pioneer visiting teacher with the PEA staff since 1908 (Culbert, 1934) and author of The Visiting Teacher in New York City (1916), were two of the speakers on this eventful day ("School Visitors," 1916). The function of the visiting teacher, aptly summarized by Harriet Johnson (as quoted by Professor D.Johnson), was "[t]o recognize, to study, and to respect the individuality of the child; to this end to establish informal relationships with [children]; and to adapt conditions at home, school, and society to [their] needs" (Johnson, D., 1917).

Ruth True, then with the Children's Bureau, previously a visiting teacher with the PEA and a speaker at the NEA Conference, emphasized the preventive work of the visiting teacher and the necessity that she should be part of the school staff (True, 1916). Henry Thurston, professor at the New York School of Philanthropy, commented on the emerging social work profession and its common characteristics. He cited the visiting teacher and stressed how the social worker was different from the teacher, doctor, nurse, and minister (Thurston, 1916). Thus, this first conference signified that not only was visiting teacher work "more than a local movement" ("N.A.V.T. Celebrates," 1929) but that it also belonged to an emerging social work profession (Thurston, 1916).

In June and July 1917, a group of visiting teachers met for luncheons at the annual conferences of the National Conference of Social Work and the NEA respectively ("N.A.V.T. Celebrates," 1929). At the NEA Convention, Lydia Herrick Hodge, a visiting teacher with the PEA, presented one of four papers on the topic "American Efficiency thru Education." Her paper, "Why a Visiting

Teacher?," emphasized that the visiting teacher is the "constant advocate of the whole child" (Hodge, 1917, p. 224).

Second National Conference

On June 4 and 5, 1919, in Atlantic City, in conjunction with the National Conference of Social Work (NCSW), the Second National Conference of Visiting Teachers and Home and School Visitors was held and included a round-table discussion and a luncheon conference ("National Scope," 1919; "The Second National," 1919). The role of the visiting teacher in relation to Americanization, community problems, and prevention of retardation and delinquency were the round-table topics, each led by a current or former visiting teacher.

The subject of the luncheon conference, the purpose, and the scope of the work of visiting teachers were addressed by three speakers from diverse professional backgrounds - the President of the Playground and Recreation Association of America, a faculty member of the New York School of Social Work, and a leader from the New York Chapter of the Red Cross ("The Second National," 1919). The visiting teachers at the Conference also discovered through their informal contacts that they "had similar trials and problems," "more points in common than points of difference," and a "oneness of purpose and interest [and also] the necessity of flexibility so that the work may meet the needs of various communities and the changing needs of the same locality" ("The Second National," 1919, p. 8).

Birth of a National Association

At the Second Conference the National Association of Visiting Teachers and Home and School Visitors was formed ("The Second National," 1919). Probably organized by Jane Culbert ("Presidents

Past," 1935), a "self-appointed committee of three . . . called together the visiting teachers of the country" ("N.A.V.T. Celebrates," 1929, p. 3) to join with them at the Second National Conference to form a new association. Three visiting teachers - Jane Day, Suzanne Fisher, and Ethel B. Allen - drew up a constitution to establish the National Association. At a business meeting the proposed constitution was approved, officers were elected, and a charter membership of 14 was created ("N.A.V.T. Celebrates," 1929). The founding members included the first three presidents of the Association - Jane F. Culbert, Emma G. Case, and Sara M. Holbrook; Letitia Fyffe and Suzanne Fisher from Chicago (Fisher, 1983); Ethel B. Allen, Emily B. Leonard (Mrs. Brown), Jane Day, Jessie L. Louderback, and Cornelia Swinnerton from New York; Anne L. Gethins, Mount Vernon, New York; Virginia Robinson, a PEA visiting teacher in 1915-1916 and a member of the faculty of the School of Social Work at the University of Pennsylvania from 1918 to 1950 (Quam, 1986; Robinson, 1962, 1978); Elsie F. Packer; and M. L. Whipple.

An important issue addressed at the business meeting was whether to ally the new Association with the NEA or the National Conference of Social Work. The charter members concluded that because "visiting teacher work had its beginnings in the field of education fully as much as in that of social work it was decided to meet alternate years with each" ("N.A.V.T. Celebrates," 1929, p. 3).

> Miss Culbert (1921b) succinctly outlined the Association's goals. The Association plans, through interchange of experience and study of methods and common problems, to develop standards of work among its professional members, and through publications and the interest of its associate members, to promote the development of the work and to assist those endeavoring to establish it in new communities. (p. 85)

The Association shortened its name in May 1923, to the National Association of Visiting Teachers and School Visitors; in June 1924, the name was shortened to the National Association of Visiting Teachers (NAVT); in the summer of 1929, it was revised to the American Association of Visiting Teachers (AAVT); in 1942, it was again revised to the American Association of School Social Workers; and, in 1945, it was changed to the National Association of School Social Workers.

Leadership: Presidents

The first officers of the new Association, elected in 1919, were charter members and among the earliest pioneers who developed this new profession of visiting teachers ("N.A.V.T. Celebrates," 1929). The officers of the Association from 1919 to 1955 - president, vice-president, secretary, treasurer - were all women. They had been or were visiting teachers, home and school visitors, school social workers, or in a supervisory position, while serving in a leadership position with the Association. The presidents from 1919 to 1931 shared common characteristics. All seven were single women who had prior teaching experience and social work practice. Many had attended prestigious women's colleges in the East, received advanced degrees, and obtained their social work education at what is now the University of Chicago and Columbia University. Some had published books and articles; many had held leadership positions; and some had been associated with the demonstration program of the NCVT. These early professional visiting teachers became leaders in their professional association and throughout their lives continued as leaders in their chosen profession. With some exceptions the officers who were elected came from the East, and many served in more than one leadership role. A listing of officers and committee chairs is found in the Appendices.

Committee Structure

The earliest extant Constitution of the young Association, adopted May 21, 1923, specifies that there shall be four officers and three standing committees - Membership, Finance, and Publicity - and that the Executive Committee shall consist of the officers and the chairs of the standing committees. By 1930, the standing committees included Membership, Publicity, Standards, Ways and Means, and Amendments (A.A.V.T., 1930a). As the membership grew and expanded to many parts of the country, the Association developed new organizational structures to maintain close relationships with the membership. In 1927, seven districts were organized, each served by a district chair in order to facilitate the work of the Membership Committee ("High Lights," 1928). The Committee's goal in 1927-28 was to focus on "quality - not quantity" (N.A.V.T., 1928, p. 2) in recruiting new members. The Membership Committee also instituted the Executive Committee's decision that applicants for active membership must now submit letters from two active members recommending them for active membership (N.A.V.T., 1928).

In 1928, the Association created 10 regional committees ("Regional Committees," 1928). The function of these committees was to advance the goals of the Association and included working to raise professional standards, "to report new candidates for membership, and to arrange regional conferences and participation in conferences by other local groups where this seems desirable" (p. 3). Soon thereafter various regions instituted regional and state conferences ("Regional Committee Notes," 1930).

National Conferences: 1920-1930

The annual national conferences, beginning in 1916, alternated with the NEA and the National

Conference of Social Work, thus continuing the Association's dual commitment to the professions of social work and education.

1920. The first national meeting of the Association or the Third National Conference, held in New York City in May, addressed the "organization and administration of visiting teacher work and the relation of mental hygiene to visiting teacher's problems" (Oppenheimer, 1925, p. 12).

1921. The Fourth National Conference, held in Milwaukee in June and in connection with the NCSW, included papers presented by Miss Culbert (1921a) and Hegel (1921); a conference led by Dr. Jessie Taft on "Individualizing the Child in the Public Schools;" and a round-table discussion led by Miss Emma Case on the "Relation of the Visiting Teacher to the Social Worker, . . . Adopting the Curriculum to the Needs of the Unadjusted Child [and] The Next Steps in Visiting Teacher Work" ("Visiting Teacher Notes," 1921, p. 8).

1922. The Association, meeting in Boston in connection with the NEA, discussed "the diagnosis and treatment of behavior problems among school children [and] . . . the program of the Commonwealth Fund for the promotion of visiting teacher work" (Oppenheimer, 1925, p. 13).

1923. The Association met in Washington, D.C., in conjunction with the NCSW. An important address at the Association's conference by Dr. Bernard Glueck and subsequently published (Glueck, 1924) was so well received that the Commonwealth Fund Program reprinted almost 5000 copies for distribution to those on its mailing list ("Some Extra-Curricular," 1924). Glueck (1924), concerned that training schools for teachers were more concerned with educational method rather than "the personality of the teacher and [her] vision" (p. 148), commented that the visiting teacher is an ideal model for injecting

> into the class-room some of the spirit and

> some of the vision of modern social service at its best. The growth of the visiting teacher movement amply indicates how receptive educators really are to those enterprises which assist them in gaining a more comprehensive knowledge of the child and an acquaintance with means, other than strictly academic ones, for the achievement of a better adjustment of the child to his school requirements. (p. 149)

Howard Nudd (1923), Anna Pratt (1923), and Emma Case (1923) presented papers at the NCSW under the topic "Social Case Work as Applied to the Schools." At a luncheon that drew 72 people, "short reports were given from some twenty cities in which visiting teachers are working" ("National Association," 1923).

1924. In July, the Association again met in Washington, D.C., but this time with the NEA. The central staff and visiting teachers of the National Committee on Visiting Teachers were well-represented, presented papers, and presided at meetings ("N.A.V.T. Meeting," 1924).

1925. The Association, meeting in Denver in June, in conjunction with the NCSW, held its first conference in the West and thus afforded many visiting teachers an opportunity to attend their first annual conference (Everett, 1925a). Helen Gregory (1925) expressed a continuing service delivery theme for visiting teachers and an important reason for attending annual conferences:

> As visiting teacher work grows older, we require a more and more definite and refined technique, akin to that used by other social workers, with differing approach. To keep up to date with our thinking and doing, to acquire the freshness and vigor of new ideas, and new ways of carrying out our ideas, to gain insight into our problems, we must get away from these problems and look back though the glasses provided for us by such gatherings as the coming National Conference of Social Work in Denver. (p.6)

Two presentations at the conference for visiting teachers and published in the subsequent issue of the Bulletin specifically addressed the issue of visiting teacher standards (Brown, 1925) and training (Everett, 1925b).

1926. Miss Everett (1926), anticipating the annual summer meeting to be held in Philadelphia with the NEA, stated in a message to Association members that one of the "chief tasks" at this conference was "to state clearly what is, and what is not, a visiting teacher. . . . The distinction must lie, not in what she is called, but in what she does" (p. 2). One visiting teacher observed, at the conclusion of the conference, that over "the next few years more and more consideration will be given to defining limits, drawing boundaries, developing technique, setting up standards" ("Report," 1926). The Association President, Rhea Kay Boardman, reflecting on the results of the conference with the NEA, expressed unbounded enthusiasm on "the professional strides the Association has made" (Boardman, 1926, p. 1). Visiting teachers, as noted by educational leaders at the conference, "are considered one of the vital forces in the educational world today" (p. 1). She observed that "visiting teachers combine the vigor and enthusiasm of the pioneer with the technique and equipment of the trained worker" (p. 1). She cautioned the membership, however, that even though visiting teachers and the Association have received national recognition, veteran visitors must become involved at the state and local level and "become identified with the state social welfare conferences, our state teachers' meetings and county institutes so that these local groups, too, may become aware of our existence, and may realize our desire to cooperate and contribute" (p. 1). Miss Boardman's report on qualifications for beginning visiting teachers would lead to the establishment of specific educational and professional experience requirements (see below).

1927. At the conference held in Des Moines, in conjunction with the NCSW, an afternoon was devoted to standards and qualifications of the visiting teacher. The first topic, "Under What Plan of Organization Does Visiting Teacher Work Best Maintain Its Standards?," was presented by Miss Culbert, who "outlined a detailed plan for the organization of visiting teacher work" ("National Association," 1927, pp. 3-4). The second topic, "What Preparation Should the Superintendent Expect of His Visiting Teacher?," led by Miss Holbrook, emphasized the necessary qualifications for visiting teacher work ("National Association," 1927, pp. 3-4). At a luncheon meeting, attended by over 100 people, and "voted a decided success," a number of visiting teachers gave short talks on the topic, the "Visiting Teacher at Work" ("Des Moines Program," 1927, p. 3). Howard Nudd (1927) and Janet Baskett (1927), a NCVT visiting teacher from Columbia, Missouri, also made presentations at the NCSW.

1928. At the 10th annual conference held with the NEA in Minneapolis, Association meetings focused on the theme that teacher training programs and schools are responsible for developing a social attitude toward the child (Everett, 1928; "Program of Minneapolis," 1928). Among the important decisions made at the business meetings, members approved a motion "that a committee be appointed to analyze the functions of a visiting teacher" ("High Lights," 1928, p. 4). The name "visiting teacher" also was questioned at the 1928 annual meeting ("High Lights," 1928), but the Executive Committee, rather than appoint an authorized committee to consider a name that more nearly defined the function of the visiting teacher, reported, in 1930, its decision that "it seemed most improbable that a more adequate term could be evolved at this time, [thus] it was voted that the matter be dropped" (A.A.V.T., 1930b, p.6).

1929. At the annual meeting held in San Francisco in conjunction with the NCSW, Association members primarily addressed the relationship of the school and social work. Other meetings focused on problems from the field, reports from committees, and the research value of records and reports ("Program of the San Francisco," 1929). As in past years, Association members participated in joint meetings with the NCSW. Among the important decisions made at the business meeting, the membership voted to change the Association's name to the American Association of Visiting Teachers, to elect officers every 2 years instead of each year, and to approve new membership requirements ("Conference High Points," 1929).

1930. At the annual meeting, held in Columbus, Ohio, in conjunction with the NEA, the members could proudly state that there were now almost 200 active members and that it had "developed professional standards" ("High Lights, 1930, p. 3). Of critical importance to the members was the question of standards - standards with respect to visiting teachers' training, the size of their case load, the scope of their work ("High Lights," 1930), and generally whether there should be uniform standards for visiting teachers ("Annual Meeting," 1930).

The *Bulletin*

In December 1924, the Association issued its first *Bulletin*. Due to the realization that the membership was "widely scattered" and that the annual conferences did not bring together many of the growing membership, the *Bulletin* was intended to serve multiple purposes (Everett, 1924):

> It is for the purposes . . . (1) of closer affiliation among our members, (2) of spreading and exchanging information regarding our work, and (3) of making the association serve as far as possible as a standard setter in

> such matters as qualification, definition of function, salary, position in the school administrative system, extent of school territory or population covered, . . . that we plan to have published during the year three or four bulletins, to be issued from localities in which visiting teachers are so organized that a simple form of publication is possible. (p. 1)

The first Bulletin was issued by the NCVT and was the work of Miss Ethel Allen, who was assisted by other members of the central staff. It contained a "descriptive directory of visiting teacher centers" (Everett, 1924, p. 1) and thus served as "an introduction of the members to one another" ("The Present Situation," 1924, p. 3). The NCVT also issued the Directory Number in April 1926, which included a complete list of all visiting teachers and allied workers by city, state, and auspices.

Subsequent early issues represented the work of visiting teacher staff of various cities, the Association's Publicity committee, or selected visiting teachers, who were responsible for all or part of an issue. In 1929, the first editor, Josephine Sherzer, was appointed. Early issues of the Bulletin, prepared by visiting teacher staff in those cities that pioneered the movement - the White-Williams Foundation in Philadelphia; the staff of the visiting teacher department in Rochester, New York; visiting teachers of the Minneapolis Public Schools; Association of Visiting Teachers of the Board of Education, New York City; and, Boston home and school visitors - provide a wealth of information, including historical background, analysis of children and families served, number of workers, and their assignments and case examples.

The Bulletin served as the visiting teachers' primary vehicle of communication. Aside from annual conferences and regional and state conferences, early visiting teachers were dependent on the Bulletin. It served as a newsletter, a primary source for articles, and summaries of papers and presentations of various meetings, including the Association's annual conferences. A complete listing of articles and other writings of the Bulletin appear in the Iowa Journal of School Social Work (McCullagh, 1986, 1987, 1988).

Visiting Teacher Qualifications

The National Association of Visiting Teachers and Home and School Visitors (1923) initiated its first research project shortly after the Association was created in June 1919, to survey various aspects of the work of the visiting teacher ("National Survey," 1919). This study, under the leadership of Jessie L. Louderback, Chair of both the Publicity and Survey Committees and a visiting teacher since 1914 with the New York City Board of Education, also eventuated in a master's thesis in 1922 for Miss Louderback, who was awarded a Master of Arts in Educational Psychology from Teachers College, Columbia University (Louderback, 1922). The report was based upon questionnaire responses from 60 of the 80 then-known visiting teachers in the United States and covered such topics as their training and preparation to be visiting teachers, methods of work, assignment to schools, supervision, administrative relationships, and reasons for referral. The goals of the report were to provide information to those initiating the work in new communities and information to visiting teachers so that they might understand the work of other visiting teachers (N.A.V.T.H.S.V., 1923).

The Association was particularly interested in the educational and professional experiences that the respondent visiting teachers found most helpful to their work and their recommendations for preparing future visiting teachers. Of the 58 respondents, 22 stated that they had received a bachelor's degree, 1 had a master's degree, and 17 stated that they had "training for teaching in normals, kindergarten training schools, etc." (Louderback, 1922, p. 39). About one-third (19) also had completed various courses (psychology, sociology, vocational guidance, economics, among others) beyond the bachelor's degree or toward an advanced degree (Louderback, 1922). Twenty-nine visiting teachers stated that they had received "special training at schools of social work" (Louderback, 1922, pp. 39-40). Relevant experiences included prior teaching experience in elementary schools or high schools (32); 3 had previously been principals and 1 had been a superintendent. Over three-fourths (45) had previously practiced some type of social work in a wide variety of settings and agencies (settlements, juvenile courts, traveler's aid, and child labor) (Louderback, 1922). In response to the question on a suggested "course of preparation for future visiting teachers," Miss Louderback summarized the visiting teachers' responses:

> 1. A good educational foundation at either a college or normal school.
> 2. Special study of psychology, psychiatry, and child study in its various phases. Other courses as needed such as language and vocational guidance.
> 3. Training for social work including special study of sociology, case work - cooperating with social agencies, industrial conditions, racial characteristics.
> 4. Experience in (a) teaching - a sufficient number of years to understand the school's problem; in (b) social work - varied experience if possible in order to cope with the various phases of the work. (pp. 42--43)

Miss Louderback (1922) noted "that about one-half the present visiting teachers had substantially the training outlined above" (p. 43).

An important Association goal was to promote standards for visiting teachers. Qualifications for Association membership was one approach to setting standards for the visiting teacher. The proposed standards set forth in the National Association's (1923) first report began a process that culminated in formal qualifications for active membership by 1929. The relevant chapter title was instructive: "What Qualifications are Essential for Visiting Teachers" (p. 52).

Oppenheimer (1925) also addressed the "Qualifications and Training of Visiting Teachers" (p. 142) and, after analyzing responses from various "leaders in the movement" (p. 145), proposed minimum and desirable qualifications for visiting teachers. The desirable qualifications are

> (1) graduation from a school of education, four year course; (2) teaching experience, preferably in the elementary school, for two years; (3) training in a school of social work, one year, which training must include experience in social case work of a varied nature. (pp. 147-48)

To meet current demands for visiting teachers, Oppenheimer (1925) proposed that a high school graduate who completed a "two-year teacher training course in an approved training institution" (*p. 162) instead of the 4-year course and met the other desirable qualifications would meet minimum qualifications for appointment as a visiting teacher.

In 1926, at the Association's meeting in Philadelphia, Miss Boardman presented the Committee on Standards' report on visiting teacher qualifications for new entrants to the field. The research report was based on responses from 141 out of 175 questionnaires sent to visiting teachers ("Report of the Philadelphia," 1926). At the conclusion of her presentation a motion was made and approved "that a committee should be appointed by the chair to continue the study of standards through the coming year" (p. 15). At the business meeting at the next annual conference (N.A.V.T., 1927), the Committee on Standards, under the leadership of Shirley Leonard and guided by the responses to the earlier study by Miss Boardman, proposed specific qualifications for active membership, while also including points to be discussed for each proposed standard.

From 1929 through at least 1937, multidimensional qualifications were now required for active membership. The basic prerequisite was that applicants must be actively engaged as visiting teachers and then meet the following requirements to be considered for active membership ("High Lights," 1928):

> the degree of bachelor of arts or a certificate from a standard teachers' college or its equivalent; a course of training which includes the theory and practice of case work in a recognized school of social work of not less than one academic year's duration, or two years of well-supervised training in a recognized social case work agency; at least one year of experience in teaching and at least one year of professional work either with a recognized social case work agency - family or psychiatric preferred - or one year as a visiting teacher. (Culbert, 1930, p. 467; 1933, p. 536; "High Lights," 1928; Leonard, 1935, p. 535; Janvier, 1937)

A college education was a minimum prerequisite, but the required social work education could be substituted, and the minimum professional experience included at least 1 year of both teaching and social work practice. Some of these requirements apparently were not intended to be rigid if an applicant were otherwise well qualified. For example, the NAVT Executive Committee (1929), meeting on June 28, 1929, determined that the lack of teaching experience would not bar membership if the applicant's "prior training and experience in schools could not be questioned" (p. 1). Yet, the Executive Committee was not willing to remove the requirement of prior teaching experience. Rather, they preferred that the Membership Committee make the first determination and then refer to the Executive Committee for final approval.

The formal multidimensional requirements for active membership in the Association was a marked departure from the earlier and simpler requirement that "active members shall be those engaged in the work of the Visiting Teacher or in allied work approved by the Membership Committee" (N.A.V.T., 1925). The common qualification for acceptance as a member in the Association was simply the status of a visiting teacher. The qualifications of the first visiting teachers, as reported in the National Association's first report (1923), were consistent with the qualifications that would in 1929 be requisites for active membership. Just under 70% of the respondents to the 1921 study had obtained at least some college education or training in normal schools, and 50% had received some training at a school for social work. Slightly over half had prior teaching experience, and 78% had prior social work experience.

The new requirements for active membership formalized the necessity of a college education or its equivalent and began the process of requiring social work education, although, at this time, 2 years of social work practice would substitute for this requirement. The Association was in the process of raising qualifications for membership at about the same time as were the then American Association of Hospital Social Workers (Stites, 1954) and the American Association of Social Workers

(Leighninger, 1987). Visiting teachers and their Association had now moved beyond the pioneering stage. Standards for new entrants had crystallized, and guidance could be provided to school districts and universities who planned to offer training programs for visiting teachers.

CONCLUSION

The visiting teacher movement, begun on the East coast, had spread by 1930 to many parts of the United States. Early on, the pioneer visiting teachers sensed the need for establishing their own professional association. The formal process began in 1916, and in 1919 the National Association was born with 14 charter members who came together in Atlantic City at the meeting of the National Conference of Social Work. Association members decided that their professional identity should continue with the professions of education and social work. Accordingly, the Association alternated its annual meetings with the NEA and the NCSW throughout the decade of the 1920s but maintained a presence at both meetings each year.

Annual conferences were held throughout much of the United States, thus allowing visiting teachers to attend at least some of the annual conferences. Members were encouraged to attend both the NEA and NCSW annual conferences each year. Regional and state conferences also served to bring members together.

The Association established multidimensional qualifications for visiting teacher membership in the late 1920s. Requirements for active membership continued to reflect the visiting teacher's historic commitment to social work and education and formalized qualifications that many of the early members already shared but which now served to raise standards and to advise school boards and universities about those qualifications that were essential for the visiting teacher status. Thus, an Association goal was to be a pacesetter in establishing high qualifications for all visiting teachers. Expansion of the movement to new localities, recruitment of prospective visitors, continuing education at local and regional conferences, and publicity about the work of the visiting teacher were other important themes throughout the decade.

The Association published its first Bulletin in 1924 and would continue publishing the Bulletin until September 1955. The Bulletin, which served multiple purposes, helped to unite visiting teachers. The Association's committee structure reflected its areas of focus and concern - membership, publicity, finances, and the development of regional committees to better serve and inform the membership.

The increase in visiting teachers from 91 in 1921 to 258 in 1930 mirrored the growth of the Association's membership. The NCVT was also instrumental in the growth of the visiting teacher movement in the 1920s. The central staff, as well as a number of the Committee's visiting teachers, were not only participants but also leaders in the Association. By 1930, the work of the National Committee would soon end. The American Association of Visiting Teachers (1930b) passed a resolution expressing their appreciation of the work of the National Committee but also their profound disappointment: "It is the opinion of the Executive Committee that the whole field of visiting teacher work will suffer professionally if the National Committee on Visiting Teachers is unable to continue its work" (p. 5). The loss of the National Committee came at a time when the Nation was suffering the effects of its worst economic depression. Visiting teachers and their Association would survive the 1930s and grow stronger, but in 1930, the promise of the growth of a strong national visiting teacher movement appeared less hopeful.

The Association, by 1930, had established multi-dimensional professional qualifications for its members that reflected its commitment to college and professional education and professional practice in teaching and social work. Visiting teachers now had their professional Bulletin, opportunities for continued professional development through annual conferences with the NEA and the NCSW as well as local, state, and regional conferences, and in the 1920s, the national recognition provided by the Commonwealth Fund's support of the National Committee on Visiting Teachers. Visiting teachers and the leaders of the now American Association of Visiting Teachers were too well entrenched to suffer long-term loss, even with the withdrawal of the Fund's support for the National Committee.

The American Association had in place the essential ingredients for the further professional development of visiting teachers. Qualifications for membership included professional education and experience, a professional Bulletin, annual conferences, research studies, and a cadre of leadership. Leaders were or had been practitioners who believed in the essential purpose of the visiting teacher to unite children and their homes with the school and its community. The common goal was that children would realize their potential in a land of opportunity.

The Association, from 1931 to 1955, continued to grapple with the appropriate educational and professional requirements for visiting teachers (later school social workers). It struggled also with the appropriate organizational structure for its further growth and development, which, for a time, was resolved by the creation of one united professional association in 1955. These questions still are ongoing, important, and essential if school social workers are to achieve their basic mission. The vision of the pioneer visiting teachers and the leaders of the Association is a reminder to school social workers that their professional legacy requires a constant renewal and commitment. School social workers are challenged constantly to acquire professional education and intervention knowledge to ensure that all children are guaranteed their right to be full participants in the American educational enterprise and to realize their dreams.

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Appendix A

Leadership of the National Association of School Social Workers

PRESIDENT	VICE-PRESIDENT	SECRETARY	TREASURER
Jane F. Culbert, 1919-21 New York City	Sara M. Holbrook, 1919-22 Burlington, VT	Emma G. Case, 1919-22 Rochester, NY	Emma G. Case, 1919-22 Rochester, NY
Emma G. Case, 1921-22 Rochester, NY	Edith M. Briggs, 1922-23 Rochester, NY	Harriet E. Totman, 1922-24 Cleveland, OH	Harriet Totman, 1922-24 Cleveland, OH
Sara M. Holbrook, 1922-24 Burlington, VT	Edith M. Dixon, 1924-25 Worcester, MA	Julia Drew, 1924-25 Minneapolis, MN	Sara M. Laughlin, 1924-26 Philadelphia, PA
Edith Everett, 1924-26 Philadelphia, PA	Rhea Kay Boardman, 1925-26 Red Bank, NJ	Alice M. Leahy, 1925-25 Acting, Minneapolis, MN	
		Dorothy A. Ihlsent, 1925-27 Toledo, OH	
Rhea Kay Boardman Red Bank, NJ, 1926-27 New York City, 1927-28	Shirley Leonard, 1926-28 Rochester, NY	Lois A. Meredith, 1927-29 New York City	Edith Briggs, 1926-28 Rochester, NY
Helen R. Smith, 1928-29 New York City	Frances L. Range, 1928-29 Detroit, MI	M. Emilie Rannells, 1929-31 Philadelphia, PA	Ruby B. Carlton, 1928-30 Newark, NJ
Julia K. Drew, 1929-31 Minneapolis, MN	Gladys L. Keyes, 1929-30 San Diego, CA		

Sources: NASSW Bulletin, 1924-55; NASSW Minutes of various committees, on file with the Social Welfare History Archives.

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Appendix B

Leadership of the National Association of School Social Workers

PROGRAM	MEMBERSHIP	STANDARDS	NOMINATIONS
Elizabeth McMechen, 1924-25 Berkeley, CA	Emily L. Brown, 1924-25 New York City		
Anna B. Pratt, 1925-26 Philadelphia, PA	Ethel B. Allen, 1925-26 New York City	Rhea Kay Boardman, 1925-26 Red Bank, NJ	
Helen Gregory, 1926-27 New York City	Julia Dew, 1926-28 Minneapolis, MN	Shirley Leonard, 1926-27 Rochester, NY	
Gladys Keyes, 1927-28 San Diego, CA		Gladys Hall, 1927-28 Portland, OR	
Frances Piekarski, 1928-29 San Diego, CA	Helen A. Smith, 1928-29 Miami, FL	Della Ryan, 1928-31 Huron County, OH	Marion R. Meyers, 1928-29 Rochester, NY
Ethel Reynolds, 1929-30 Cincinnati, OH	Alma Laabs Sioux Falls, SD, 1929-30 Cincinnati, 1930-32		Marie McDonald, 1929-30 Minneapolis, MN

PUBLICITY	FINANCE	REGIONAL	AMENDMENTS
Jessie L. Louderback, 1919-? New York City	Emma G. Case, 1925-26 Rochester, NY		Shirley Leonard, 1927-28 Rochester, NY
Grace D. Chase, 1924-28 Bluefield, WV	Edith Everett, 1926-30 Philadelphia, PA	Helen R. Smith, 1929-30 New York City	
Josephine Sherzer, 1928-30 New York City			

Sources: NASSW Bulletin, 1924-55; NASSW Minutes of various committees, on file with the Social Welfare History Archives. Information for 1919-1923 was unavailable.

*Finance Committee was changed to Finance and Amendment Committee in 1928 and to Ways and Means Committee in 1929.

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CAL-PAL UPDATE

John Wilson

Editor's Note: Cal-Pal is an innovative endeavor to serve the critical needs of youth in Iowa. This is a service delivery update based on the article "Cal-Pal: A County-Wide Volunteer Service Program" from the IJSSW, Vol. 6, No. 1 and 2.

The Cal-Pal (Wilson, Adams & Carlson, 1993) community service program began in Calhoun County, Iowa, in 1990. School social work services were used to help organize this volunteer program and to facilitate the early growth of the county-wide service to children from single parent families. This update of the Cal-Pal program briefly reviews the early structure and services provided in the beginning of the service organization, the hopes for the program, the current status, and the hopes for the future of the program.

Calhoun County, situated in Northwest Iowa, is sparsely populated, has lower than average per capita income, a high number of single parent families, and few family counseling services (a mental health center counselor provides services in the county 1 day a week). One school social worker serves six of the elementary school buildings in the county. In the fall of 1989 the school social worker, a school nurse, and school counselor from Calhoun County initiated an exploration of needs for a match-up service program between youth and responsible adults by enlisting the participation of school support service personnel throughout the entire county. The need for a service program was felt to be strong and self evident, and an expanded planning committee was developed by inviting interested leaders from the community at large to participate.

The collaboration between school representatives and community leaders in the planning stage of Cal-Pal produced a program model that has some distinct features from most match-up service programs:

1. Instead of being sanctioned by an institution such as the YMCA or by a national organization, Cal-Pal was set up as an independently-run program based on voluntary participation.

2. Instead of one coordinator overseeing the service program, the planning committee decided to have a volunteer coordinator to represent each of the communities in the county. There were potentially seven such communities in 1989.

3. Since there was both community and school participation in planning, recruitment of youth and adult volunteers was understood by the planning committee as a combined responsibility, instead of the responsibility of an individual coordinator.

4. The program made a grant application to the Iowa Department of Public Health, Division of Substance Abuse, as a preventative service program. Cal-Pal coordinators initially received $1,500, which was overseen by a volunteer executive board made up of representatives from participating communities. The Cal-Pal program officially began in Calhoun County in April 1990.

During the 1st year of the Cal-Pal program, effort was given to filling board positions and coordinator vacancies, continuing the financing for the program, and structuring successful match-ups. Participation in the Cal-Pal program at the end of this 1st year included regular monthly board meetings by 7 executive board members, 10 coordinators and co-coordinators, and 2 advisory board members. There were a total of 25 match-ups completed by the end of the 1st year, and 16 were actively continuing.

HOPES AND LIMITATIONS

It was a planning goal that all communities in the county would actively participate in the volunteer program. In reality, one community has been hesitant to join due to feelings of allegiance to another county and uncertainty about joining an independently run service program. Another community does not yet have active school support and is sporadic in referring youth volunteers. Still another community is quite small in population size, and referrals are largely determined by families moving into the area.

It was hoped at first that match-ups would steadily increase until there were 40-50 active match-ups. The reality in Calhoun County is as follows:

1. Many volunteer match-ups do not necessarily exist for 4 to 5 years but may exist for only a year. Many times those youth want to be with other adults, which takes away from potential increase in numbers.
2. There are a limited number of adults in each community who are willing to volunteer.
3. Constant communication is needed to let families and youth know that the program exists. New school administration, new school counselors, and new people moving into the community complicate the organization. There is additional time needed to make people aware of and facilitate trust regarding the integrity of Cal-Pal.
4. Many youth and their families move out of the area.
5. As adult pals adapt to changes in their lives (new family members, career changes, sickness, family crisis), these adult pals sometimes retire from active involvement with Cal-Pal.

CURRENT STATUS OF CAL-PAL

Cal-Pal continues to be a vital program in Calhoun County, providing a model that can be used in other school districts and counties. Some evidence of the vitality of Cal-Pal includes the following growth:

1. There have been about 55 official match-ups between youth and adults since the beginning of this individual service program. Some youth have had more than 1 adult pal. A few youth, as they have reached adolescence, have discontinued the formal program. In January 1994 there were 25 active youth/adult Cal-Pal match-ups.

2. There has been stability of commitment among Calhoun County community board members who work as volunteer executive board, coordinator, or advisory members; of the 22 committee members who have volunteered to take leadership responsibilities, 18 people are still serving in some capacity. Some of those on the board also are adult Cal-Pals.

The program has expanded its scope in the last 3 1/2 years to promote among its participants a greater sense of belonging and pride as a Cal-Pal. In the winter Cal-Pal sponsors an annual recognition dinner for adults; in early spring there is a fun night for youth and adults at a recreation site in Calhoun County; and in the summer there is an annual outing for Cal-Pal youth and their adult pals (summer, 1993, e.g., was a bus trip to Henry Doorley Zoo in Omaha, Nebraska).

FUTURE HOPES

One of the challenges ahead is to develop training procedures and workshops for prospective and current adult Cal-Pals. Several adult Cal-Pals have already indicated a desire for training aimed at developing better individual relationships with their Cal-Pal youth. As Cal-Pal continues to operate as a rural alternative service to more expensive national programs, it is hoped that other school social workers will find aspects of Cal-Pal worth developing in counties that do not have an adult/youth pal program.

REFERENCES

Wilson, J., Adams, H., & Carlson, D. (1993). Cal-Pal: A county-wide volunteer service program. Iowa Journal of School Social Work, 6 (1/2), 75-85.

ABOUT THE AUTHOR

John Wilson, MSW, M. Th., is a school social worker for AEA 5, Rockwell City, IA.

Accepted for publication February 1994.

BOOK REVIEW

WAR AGAINST THE SCHOOLS: ACADEMIC CHILD ABUSE.
By Siegfried Engelmann, Halcyon House, a division of Educational Research Associates, 1992.

Engelmann asserts that U.S. schools are "sorting machines" that produce high rates of failure. The system is "sick," but failure is blamed on the students or demographic factors rather than on poor teaching. Engelmann believes that our students perform poorly because schools are directed by administrators who lack technical expertise and are incompetent in the instructional area. Educators "love theories" that are popular in their day but are naive about instructional design and unconcerned with what works.

Engelmann's critique of modern day education reaches far and wide. He is critical of Head Start ("a front for public health"), school reform, whole language, developmental theory, learning styles, site-based management, teacher training programs, and more. He defines "academic child abuse" as "the use of practices that cause unnecessary failure of foundation skills." Engelmann is an advocate of carefully designed direct instruction. He has authored and been involved in the field testing and promotion of the DISTAR reading, language, and arithmetic programs. He presents evidence that when highly structured instructional approaches are evaluated in the classroom, they have performed better than more experimental approaches. Engelmann asserts that whole language and manipulative math approaches, while appealing to educators, were never field tested prior to marketing and are contributing to the lack of proficiency of American students.

Engelmann believes that "if the kid hasn't learned, the teacher hasn't taught." He believes teacher training programs "merchandise general principles" rather than instructional approaches and effective curricula that work well. Engelmann is advocating systemic change: installing a data-based curriculum, training teachers, providing support, and devising a quality control system that rewards results. Engelmann's theses will not sit well with many educators. He is to be commended, however, for raising the issue of "blaming the victim" (children) rather than holding the system accountable for school failure.

Kate McElligatt
School Social Worker
AEA 7, Cedar Falls, IA.

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EDITORIAL COMMENTS

As Cheryl and I (mostly Cheryl) complete this Spring edition of the Iowa Journal of School Social Work, I would like to relate to our readers some of the most recent accomplishments and recognitions that the Journal has received.

In an attempt to "spread the word," and with Board approval, our last Journal issue in April, 1994, was distributed to accredited university schools of social work across the nation. An additional mailing of approximately 500 copies of the Iowa Journal of School Social Work was distributed, which resulted in subscription increases from universities and libraries. To me, it is exciting to think that our Journal is being read and recognized across the country.

Special recognition needs to be given to John Wilson, Helen Adams, and Donna Carlson whose article, "Cal-Pal: A County-Wide Volunteer Service Program" (May 1993 issue), has been accepted for publication in Resources in Education (RIE), which is part of the ERIC Clearinghouse on Counseling and Student Services. As you may know, ERIC is a clearinghouse system for university libraries and provides journal abstract information.

Continuing in our efforts to increase the visibility of the Journal, copies have been and will continue to be distributed to the National Association of Social Workers headquarters for Social Work Research and Abstracts, which is a quarterly periodical published by NASW. Authors of articles for the Iowa Journal of School Social Work may wish to consider submitting an abstract (one paragraph of approximately 150 words), which will give a reader enough information about the article to make a decision about whether to read the original article. The topic sentence needs to summarize the central thesis, with subsequent sentences amplifying the topic sentence. Though there is no guarantee that an author's article will be published in the NASW periodical, this is a great opportunity for authors to receive additional recognition for their efforts.

Cheryl and I would like to thank all of the authors who submit to the Iowa Journal of School Social Work for publication. We are hopeful that, with your understanding that the Journal is receiving some national recognition, those of you who have written before or those who are considering submitting an article will do so in the near future. Let's remember that the Iowa Journal of School Social Work is one of three publications of its type in the entire nation, and, from start to finish, this Journal is produced almost exclusively through voluntary effort. Your continued support is vital to maintaining the professionalism, recognition, and dissemination of information that we have all worked hard to achieve.

Gary Froyen
Managing Editor

STRESS DEBRIEFINGS FOR SCHOOL PROFESSIONALS INVOLVED IN TRAUMATIC EVENT RESPONSE

Steve Heer

ABSTRACT

Traumatic event response plans have been adopted by many schools for the purpose of meeting the needs of students after a suicide or other sudden death of a peer. They have also been useful following assaults, natural disasters, or other events that provoke significant stress responses in the school setting. What we have known all along, but only recently begun to address, is the stress response in team members themselves who offer this "psychological first aid" to students, parents, and colleagues. Stress debriefings have been offered to emergency service providers in the medical, law enforcement, and firefighting fields for several years by critical incident stress debriefings teams that are comprised of mental health professionals and trained peer debriefers. Those who offer analogous "psychological emergency" services in the schools could benefit from debriefings as well. This article describes debriefings and makes a case for their provision to the adults in the school setting.

Crisis response has become an essential service of educational systems. Individual members of school teams, by virtue of their job descriptions, professional training, and/or personal interest, have always been in the role of providing crisis response services to students. In the past several years, however, many school systems have adopted plans that choreograph a system-wide response by an identified team of administrators, teachers, and other support staff. This may include community members not normally involved in the school - health and mental health professionals, clergy, and community agency staff who have connections to the school and who are called upon to provide assistance for these incidents. These plans have been adopted in recognition that during times of crises, there are a number of normal behavioral, emotional, somatic, and cognitive reactions by the impacted population that cannot be ignored or just left to "work itself out." The Traumatic Event Response Plan (TERP), developed in 1987 by Keystone AEA 1 in northeast Iowa, is an example of such a plan. A synthesis of other plans and Keystone staff's own experiences, being revised on an ongoing basis (most recently the fall of 1993), TERP addresses many of the tasks that a school team needs to perform to assure the healthy interpretation of and adjustment to a traumatic event by students. To leave to chance, or worse, to ignore the disequilibrium that many students experience following stressful events contains the risk of hopelessness, damaged relationships, "copy-cat" suicides, behavior problems, and an array of other personal and interpersonal post-event difficulties.

One limitation of the Keystone AEA's (1993) Traumatic Event Response Plan is its primary concern with the needs of the student population. One paragraph in the plan, "Sensitivity to Staff Members" (p.4), acknowledges that some adults' relationships with a student prior to a suicide may justify "special support." The 1993 revision also recommends that the response team should be debriefed following the implementation of the plan, due to the stressful nature of serving on the team as a responder after such an event (p. 12). While stating this justification for a debriefing and giving a brief explanation of its characteristics and goals, insufficient information is provided to actually conduct a debriefing. The purpose of this article is to provide more information on stress debriefings for school system teams and to serve as a guide for the reader with a background in counseling to begin doing debriefings of school personnel after these people have been involved in crisis response efforts.

POST TRAUMATIC STRESS

Post-traumatic stress is a normal response to trauma. Symptoms may be behavioral, emotional, cognitive, physical, and/or interpersonal. They include the following:

- recurrent memories or "flashbacks" of the incident;
- sleep disturbances;
- sadness and depression;
- uncomfortable or unusually strong emotions;
- difficulty concentrating;
- aches, pains, digestive system problems;
- disruptions to relationships that follow from the above privately experienced symptoms.

The most commonly recognized victims of post-traumatic stress have been military combat veterans. There has been a growing realization that post-traumatic stress also affects victims of rape and other sexual and physical abuse and persons involved in hostage situations, terrorist acts, and other similarly traumatic man-made as well as natural disasters. Symptoms are also experienced by many people whom we do not usually view as "victims." Police officers, firefighters, emergency medical personnel, whether professional or volunteer, regularly deal with traumatic events in the course of performing their jobs. Their training prepares them at the time to deal with these events procedurally, dictating a protocol to follow in the presence of specific circumstances and conditions. This structure serves a valuable purpose not just for the primary or direct victims they serve, but for the emergency responder as well, making it possible to "keep one's head" in an extremely stressful, often life-and-death situation. These well-developed guidelines, however, do not address the subsequent personal disruption often experienced by these individuals.

Even though many professionals involved in this kind of work know that stress reactions are common, this cognitive awareness does not make symptoms less likely to occur or any easier to experience. The response can be frightening, isolating, and may cause the individual to doubt his or her ability to continue functioning as an effective team member. Denial of the reality or severity of the symptoms is common, but the symptoms take their toll, nevertheless. It is in the best interest of all involved to reduce the degree of stress among responders and by doing so maintain emergency service personnel's ability to perform their jobs. This is not only (or even primarily) for the benefit of the public who depend on their services. This confidence in one's ability to do the job is crucially important to the emergency service provider. It is also important that the individual's life away from the job is not adversely affected by the stress that originates on the job.

CRITICAL INCIDENT STRESS DEBRIEFINGS FOR EMERGENCY SERVICE PERSONNEL

A critical incident stress debriefing (CISD) is a structured process with the goals of addressing and moderating traumatic stress symptoms and building group cohesiveness among participants (Johnson, 1992). The American Red Cross has recently committed itself to providing disaster mental health services, including stress debriefings, for not only citizen victims, but for Red Cross volunteers and staff as part of its disaster relief services. This is in recognition of the toll that stress takes on all involved, distinct from and in addition to the physical impact of a disaster.

Jeff Mitchell (a firefighter/paramedic who became a psychologist) and George Everly of the International Critical Incident Stress Foundation developed a format for doing stress debriefings with emergency service providers who may experience post-traumatic stress due to exposure to events outside the normal range of human experience. Mitchell and Everly (1993) cite earlier traditions, including Freud's psychoanalysis, that indicate the benefits of talking about personal experiences, especially traumatic ones. Some of the earliest "debriefings" were done by Dr. Glenn Srodes, who had unstructured conversations with troops after the invasion of Normandy in World War II. The D-Day conversations allowed soldiers to verbalize in sequence:

1. "Let me tell you my story."
2. "Let me tell you the worst part about it."
3. "Tell me I'm going to be OK." (Mitchell & Everly, 1993)

The subsequent reduction in self-reported stress and anxiety in these soldiers, and their apparently improved ability to continue with their responsibilities in the days that followed, had implications for others in analogous situations.

Mitchell's and Everly's (1993) model is a seven-step process that moves from an introduction and discussion of the factual details of the event, through an *acknowledgment* (not a required *expression*) of the reactions that participants may be experiencing since the event, to a teaching phase emphasizing the normalcy of the range of stress responses. A closing phase gives some practical directions for caring for oneself with communication, exercise, dietary, and other strategies.

Mitchell's and Everly's (1993) seven CISD phases and their thrust (C-cognitive or E-emotional) are described briefly:

Introduction - C

Facilitators introduce selves, explain format and purpose.
Confidentiality is emphasized and no notes are taken.
This debriefing is distinguished from an "operations critique."

Fact Phase - C

Each participant describes his/her role and actions during the event.
"What did you hear/see/smell during the incident?"

Thought Phase - C » E

"Have you had any thoughts about the incident that you'd like to share?"

Reaction Phase - E

"What was the worst thing for you at the time?"

Symptom Phase - E » C

"Did you experience anything unusual at the time?" or

"Has your life changed in any way since the incident?"

Teaching Phase - C

Leader(s) teaches about stress responses and how to manage them.

Emphasis is on the normalcy of experiencing symptoms of stress.

Re-Entry Phase - C

Questions are answered and participants are reassured that they are OK.

The meeting is summarized and participants are reminded of the confidentiality pact.

Participants are provided names of follow-up resources.

Debriefers always operate as a team of at least one mental health professional (who leads the debriefing) and one emergency service provider "peer," each with formal training in the debriefing model. Debriefers are people who have not been directly involved in the incident itself. Their focus must not be diverted by personal feelings/responses concerning the actual event. The size of the team depends on the size of the group being debriefed, with a mental health/peer duo for every five to six participants. The trained peer is present to emphasize the reality and normalcy of the stress response symptoms and the value of debriefing from the perspective of a believable "I know because I've been there" source. The peer's validation of both the stress response and the value of the debriefing are invaluable. The mental health professional leads the debriefing, given his or her expertise in group process. Continuing "cross-training" is important for the mental health professional, such as spending time on job sites with emergency room staff, law enforcement, firefighters, and emergency medical services personnel. This provides additional legitimacy in the eyes of emergency service personnel, who often see mental health professionals as not-to-be-trusted "shrinks" who threaten their job security with a label of unstable or crazy. Debriefings typically last 2 hours or more and are always voluntary on the part of participants, who are asked, nevertheless, to remain for its duration once they commit to taking part.

SCHOOL CRISIS RESPONDERS AS EMERGENCY SERVICE PROVIDERS

Members of school crisis response teams are similar to emergency service workers in some significant ways. Having professional obligations in times of crisis, school crisis teams must attend to the needs of the victims. While the stress of the event does affect team members at the time (sometimes in a positive way, helping to "kick us into high gear" and keeping us intensely focused), team members are not allowed the luxury of dwelling on personal reactions or expecting care from others. There is a job to do; perhaps "emotional first aid" is a good term for it. While tools are different - whether weapons, ladders, axes and hoses, or needles, splints, and defibrillators, or the use of carefully chosen verbal and nonverbal techniques - the common goal is to restore order, calm, equilibrium, and safety. Besides sharing in the "nobility" of emergency service workers, crisis response team members also share their psychological, if not physical risks. This is draining work. While success can be exhilarating and incredibly satisfying, team members see a lot of pain, feel responsible for failures that are not their fault, and suffer the effects of job-related stress.

A DEBRIEFING MODEL FOR EDUCATION SETTINGS

Mitchell's and Everly's (1993) debriefing model has obvious usefulness in the school setting. There are various ways to adapt it, depending on the specific circumstances, as well as the person doing the debriefing. Kendall Johnson, in his School Crisis Management: a Team Training Guide, (available from AEA Keystone's professional library) proposes a protocol for what he calls a "cumulative traumatic stress debriefing" (1992). He sees the need for debriefing crisis team (Keystone's TERT) members after they have endured a number of events either as a team or simply vicariously through the clients they serve. Johnson's method, while thorough, may be too elaborate and bulky; it involves flip charts, chalkboards, and sorting out the relative significance of several events in order to focus on the most important ones. An alternative to Johnson's method is a modification of Mitchell's and Everly's (1993) model, with the differences and similarities addressed below.

Cognitive vs. Emotional Focus

Mitchell's and Everly's (1993) seven-step sequence is carefully constructed to be a teaching, not a counseling approach. Emergency Service Personnel (ESP) are familiar and comfortable with structure by the nature of their jobs, so this characteristic is a strength of the debriefing format. They generally have a strong need for control, which includes controlling (sometimes suppressing) one's emotions. They perceive the "touch-feely" world of counseling as loose, involving the surrender, even if only temporarily, of self-control. They are apprehensive about an event that risks the loss not just of personal, but professional control, made even more unacceptable because it occurs before an audience of professional colleagues. CISD carefully guides participants in a discussion about emotional issues that may be occurring outside of the immediate setting of the session, while avoiding any expectation that participants actually express emotions right then and there. Emotional expression by participants does happen at times, but when this occurs, the individual's dignity and the importance of "saving face" are priorities for the debriefers. There is neither tender comforting, physical reassurance (with touch, such as patting or hugging), nor confronting, probing, or exploration of deeper issues that arise in the debriefing session. Any of this that is necessary will occur privately outside the debriefing in a follow-up contact. One of Mitchell's (1993) operating rules for crisis intervention is "never un-box in a session what you cannot re-box in a session."

Educators tend to be more comfortable than ESP at sharing on an emotional level, so there is not as strong a need to carefully navigate through emotional issues. Participants' contributions will often be more emotionally laden than those by the previously mentioned counterparts. This is not necessarily a problem; it is simply a difference in the comfort levels of the two groups of professionals. There is no need to suppress participants' expression of emotions, but the focus of teaching and moving through the debriefing sequence is still important. Participants should not be allowed to transform the session into group therapy or even individual therapy in front of an audience, even if the particular participant (and perhaps some of his/her colleagues) is more than comfortable with, if not experiencing some gratification from this display. Mitchell's (1993) unboxing rule still applies to debriefings for educators. Those in the mental health arena are aware that therapeutic benefit is not the exclusive realm of "therapy" and that even an educational process like a debriefing yields therapeutic effects. Still, it is important to recall the focus of a stress debriefing and to resist the urge to indulge the counseling impulse when the opportunity presents itself. It is not appropriate in this setting.

When

Mitchell and Everly (1993) recommend holding a debriefing from 24 to 72 hours after the event as an ideal, but up to several weeks post-event is still worthwhile. Most debriefings lose effectiveness if not held until 8 to 12 weeks after the event, but later is better than not at all for an incident that is still producing significant stress reactions after this long. The readiness to receive help is the most important factor. The details of the event and the extent of its impact on the affected staff are considerations in deciding whether to have a debriefing several weeks beyond the "ideal" time.

Duration

Critical incident debriefings for emergency service personnel generally take 2 to 3 hours. This is attributable to a number of reasons. First, it takes time to recount the details of direct involvement in the situations that typically prompt a debriefing with this population - accidents, fires, and other emergencies involving serious injury or death. Also, when participants represent assorted professions who do not know all of the details of one another's responsibilities, this clarification is an additional educational component that takes time. Second, the seven-phase process, designed to carefully move participants from the cognitive to the emotional and back again, is not something that can be rushed. Third, a lot of the information concerning normal stress response is covered at some length, on the assumption that much of this is new, or at least not familiar to participant. For groups that have had previous debriefings, this phase may not take quite as long. Also, the team takes care to have each debriefer, mental health as well as peer support, contribute during the course of the debriefing, sometimes carefully planning the transfer of primary dialogue from the mental health to the peer before returning to the mental health leader for closure.

While the process and goal are the same for a debriefing in an educational setting, many of the above characteristics are different, resulting in a significantly shorter debriefing. First, the actual event usually can be recounted much more briefly in most cases. Unless the traumatic event actually occurred at school and was witnessed by several people, personal accounts will consist mostly of vicarious trauma - dealing with students' personal reactions to an event that happened outside of school to someone they knew. In most debriefings, the "event" will not be an accident, disaster, or death, but will be the participants' experiences dealing with students (and often parents) in the course of implementing the TERP plan. Participants also generally know one another well and need no clarification of one another's roles in the response. Teachers, administrators, counselors, and secretarial/support staff already understand how the others work.

Mitchell's and Everly's (1993) seven-step format is altered to six steps, explained later by this author, since there is usually less need to deal with participants' resistance to sharing on an emotional level. Educators tend to be more comfortable with jumping into the expressive realm, contrasted with ESP who have to be gradually "walked" to this stage. Another streamlining modification is that a single leader conducts the debriefing (see below). This saves time that would be necessary to ensure each debriefer's participation in some way.

Another reason for keeping a school debriefing short is that most of the participants are simply unable or unwilling to commit to 2-plus hours at the end of a school day, which is when most debriefings will occur. This reality complements the above-described modifications, allowing for a 60 to 90 minute debriefing. People will either become restless and simply leave after about this long, or they may even decline to participate when told at the beginning that participation is voluntary and that they should anticipate over an hour of time commitment.

Debriefers

One of the critical requirements of a CISD debriefer is also applicable in this educational setting version. The debriefer needs to be someone who has not been involved in the actual team response to the event. Members of the TERP team are in need of debriefing; one of these persons cannot simply change hats/roles and debrief colleagues after an incident in which he or she has served. Bring in a colleague uninvolved with the team response to the event. This does not even need to be someone who normally works in the educational setting. There are (at least in the Dubuque area) mental health professionals trained in the debriefing model who may be available to work in this capacity.

A characteristic of CISD with ESP that is not necessary is the involvement of "peer" debriefers. Given the familiarity, as well as professional overlap between teachers and counselor-types such as school social workers, having a trained teacher-debriefer on the team to stress the benefits of the process to his or her peers is unnecessary. A single debriefer is sufficient to lead the group. The normal ratio of 1 debriefer for every 5 to 6 participants may not be needed for the school setting. The author has conducted school debriefings with 20 participants without a co-leader.

Participants

It is best to include everyone involved in responding to an incident, not just the core staff, however "core" is defined. It is a mistake to include only teachers, administrators, and LEA staff (who have been there daily and will continue daily) but to exclude the outside support staff (who come in just for the event) on the grounds that they do not share the same history of relationships with staff or students, or that they will not have to be there in the future to deal with the long range effects. The same can be said for debriefing only the "specialists" who do the counseling for students, and excluding teachers, secretaries, and associates who have more routine responsibilities or who may sit in the critical background while the psychologist or social worker guides the class discussion of the incident. The sharing of the experience as a team is the relevant characteristic, not the previous, immediate, or future relationship(s) with the students. To allow a hierarchical separation of counseling, administrative, teaching, and secretarial staff disregards the significant experiences and real needs of many of these people.

Sequence

The following six-step sequence for a school debriefing is offered:

Introduction

Leader introduces self and explains format and purpose.

Clarify that this is not counseling/therapy, but still confidential.

Explain that it is not an "operations critique" of the TERP plan.

Presence and participation are voluntary; give an estimate of the duration.

Fact Phase

Each participant describes role/experiences during the event:

"What was your role?/How did the day go for you?"

Reaction Phase

"What was the hardest part for you?"

Symptom Phase

"Have you experienced any unusual/uncomfortable reactions or emotions since the event?"

"Have you been surprised at how you've felt/acted since the event?"

Teaching Phase

Explain that participants' responses to previous questions are normal.

Explain the normal stress responses: physical/emotional/cognitive.

Teach participants how to manage stress (hand out list of stress reducers/hints).

Wrap-Up Phase

Answer questions and reassure participants that they are O.K.

Summarize the meeting; remind participants of the confidentiality pact.

Provide information about follow-up resources.

Notice that the Thought Phase from Mitchell's and Everly's (1993) CISD format is omitted here. This is because this population is much more ready to jump into sharing emotions and personal feelings than are ESP, so this additional step, which helps to make this shift for the other population, is not needed. It is also important to understand and explain to participants the meaning of "voluntary" participation, even for those who choose to attend. No one has to say anything if he or she chooses not to. Any person can simply "pass" on any question as it is asked. A significant benefit of being at a debriefing is hearing one's colleagues express, and thus validate, feelings and experiences that an individual is having. One does not have to share aloud to benefit from the process. This option must be stated at the beginning and respected without comment when exercised.

The leader simply poses the question of each above phase, and the participants (seated in a circle, ideally) respond in turn around the circle. The leader thanks each individual for sharing/responding and then proceeds to the next person. The pattern is quickly apparent to participants, who follow suit readily. Experience affirms that with a large group (close to 20), three times around the group asking questions reaches the limit of comfort before moving on to the teaching phase. With smaller groups, another round in response to the question, "When were you most proud?" has some benefits. It re-focuses the group on strengths, rather than suffering, and it sets a new tone of looking to the possibility of healing and growth.

The phase of teaching about stress responses and giving directions about how to deal with them can be as detailed or as brief as the leader chooses and is knowledgeable. The following handouts are valuable for participants to take with them, not just for their own use, but for the benefit of partners/spouses who also could use the information to help with the individual's recovery.

CONCLUSION

This guide is offered with the hope that experiences and initiatives with schools can help us to continue to discover new ways to address unmet needs, not just of students and parents, but of professionals also. The possibility of doing debriefings for parents has potential. The debriefing format has value with parents with appropriate modifications. The potential size of such sessions may require alterations. Such debriefings may resemble presentations to the group, with some limited sharing rather than a format that assures each participant the chance to respond to a series of questions. It would still have the basic goal of stress reduction and building on strengths to take people past the disabling effects of a crisis.

Author's Notes:

My recommendations for debriefing LEA and AEA staff after a traumatic event originated with experiences by Keystone AEA 1 school social worker Vince Vanden Heuvel and me as members of the Dubuque CISD team. We each have had the opportunity to conduct school debriefings, modifying Mitchell's model for the educational setting. I thank Vince for his discussions with me on this subject. I am also grateful to the members of Dubuque's CISD team for all that I have learned from them over the past 3 years.

Mitchell and Everly insist on specific training for debriefers, which covers human response to crises, the clear distinction between therapy and the debriefing process, and the specifics and sequence of his model. While I feel that this training is valuable, I am reluctant (not to mention simply unable) to demand such training of my colleagues prior to doing debriefing in the school setting. I feel that the current skill level of many school social workers makes doing a school debriefing within their range of skills. Many of the differences between CISDs with emergency service providers and school debriefings described in this paper make a school debriefing much "easier" (though I use that word with hesitation) than formal debriefings with ESPs. I still strongly agree with Mitchell's and Everly's insistence on specific training for debriefers before working with the emergency responders as part of a CISD team.

I welcome hearing your contributions on this topic.

USSW, April 1995

"HELPFUL HINTS"

AFTER A CRISIS OR STRESSFUL/TRAUMATIC EVENT

Try some of the following suggestions to alleviate the effects associated with traumatic events and crises:

- Structure your time - keep busy
- Try to rest a bit more
- Contact friends
- Eat well-balanced and regular meals (even when you don't feel like it)
- Try to keep a reasonable level of activity
- Physical activity is often helpful
- Re-establish a normal schedule as soon as possible - routines are healthy
- Express your feelings as they arise
- Talk to people who love you
- Keep a journal; write your way though sleepless periods
- Do things that feel good to you
- Don't make any big life changes
- Do make as many daily decisions as possible, which will give you a feeling of control over your life
- Realize that you're not "crazy" - your reactions, however uncomfortable, are normal
- Use your sense of humor
- Avoid alcohol and other drugs
- Diet
  Decrease salt
  Decrease sugar
  Decrease red meat
  Decrease caffeine
  Decrease carbohydrates
  Increase protein (chicken and fish)
  Supplement with Vitamin C, B2, B6, Calcium, Magnesium
  (Stress Tabs)

SUGGESTIONS FOR FAMILY MEMBERS AND FRIENDS

- Listen carefully
- Spend time with the stressed person
- Offer your assistance and a listening ear even if they've not asked for help
- Help your partner with everyday tasks like cleaning, cooking, caring for the family, minding children
- Give him/her some private time
- Don't take anger or other feelings personally

Don't tell your partner that "you're lucky it wasn't worse." Traumatized and stressed people are not consoled by those statements. Instead, tell the person you are sorry such an event has occurred and you want to understand and assist him/her.

Long Term Stress Management

Increase leisure
Planned routine physical activity
Increase social activity
Meditation
Recreation
"Retail Therapy"
Decrease workload
Clarify responsibilities
Relaxation exercises
Peer support groups
Communication
Priority list
Vacation
Rest
Flexibility
Evaluate long-term goals/especially career

NEGATIVE STRESS COPERS

Some examples of how not to take care of yourself

Alcohol:	Drinking to change your mood Using alcohol as your "friend"
Denial:	Pretending that nothing is wrong Lie to yourself, ignoring the problem
Drugs:	Abusing coffee/aspirin/medications Smoking pot, using pills
Eating:	Bingeing or dieting Using food to console yourself
Fault-Finding:	Having a judgmental attitude Complaining, criticizing
Illness:	Headaches, nervous stomach, major illness Becoming accident prone
Indulging:	Staying up late, sleeping in Buying on impulse, wasting time
Passivity:	Hoping it gets better, procrastinating Waiting for a "lucky break"
Revenge:	Getting even Being sarcastic, talking mean
Stubbornness:	Being rigid, demanding your way Refusing to be wrong
Tantrums:	Yelling, moping, pouting, swearing Driving recklessly
Tobacco:	Smoking to relieve tension Smoking to be "in"
Withdrawal:	Avoiding the situation, skipping school/work Keeping your feelings to yourself

Worrying: Fretting over things
Imagining the worst

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THE INTERVENTION MODEL OF SCHOOL SOCIAL WORK AS USED BY GREEN VALLEY AREA EDUCATION AGENCY 14

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ABSTRACT

The Green Valley Area Education Agency 14 social workers have evolved a model of school social work practice that delivers direct intervention services. This intervention model focuses on direct, action-oriented interventions. Individual, family, and group counseling are the most common services offered. Consultation with parents, administrators, teachers and staff, the use of a Crisis Intervention Team, and linkage and referrals to community services are other important features of the Intervention Model.

The Green Valley Area Education Agency 14 (GVAEA) of Iowa, with central offices located in Creston, Iowa, has provided educational support services to eight southwestern Iowa counties since 1975. This eight county area is characterized by its geographical remoteness and the lowest per capita income of the state. Each of its counties are considered rural, impoverished, and lacking in community resources. It is an area similar to what Bedics (1987) has noted:

> Rural people who live in poor areas have lower levels of education than the rural non poor. Poor rural areas also have a lower rate of investment in per pupil expenditures for an education. In those rural communities with low income, there is a lack of resources to provide basic community services and facilities. (p. 49)

Within this framework, GVAEA has endeavored to provide the best quality educational services possible with the hope of empowering the people of this region to overcome the financial and educational barriers facing many of them.

Surprisingly, school social workers were not employed at GVAEA until 1989, when a pilot project, initiated by the AEA's Director of Special Education, was undertaken to determine if the need, utilization rate, and response of the school districts would be strong enough to justify school social work services. As a result of that project, GVAEA now has a complete department of six MSW school social workers. This includes a supervisor who combines supervisory duties with direct practitioner services.

THE CHALLENGE

Working in an impoverished, rather remote area with scarce regional transportation services brought challenging hurdles to the GVAEA's School Social Work Department (SSWD). While many Iowa SSWDs implement a diagnostic and referral model of service, GVAEA found this impractical. With community services, especially mental health facilities not readily available, and Department of Human Services assistance in short supply, it quickly became apparent that direct service to students and their families would have to be provided by GVAEA itself if students were to be best served and results were to be attained. The needs of the area indicated that this region required a particular style of school social work to be effective. This is in accordance with a Northwest Regional Child Welfare Training Center, University of Washington School of Social Work finding: A "style of practice has evolved among social workers in small communities and rural areas that captures some of the essential elements of case management, prevention, and early intervention" (Horner & O'Neill, 1981, p. 1). Additionally, the roles of school social workers in GVAEA and the area's regional characteristics replicate some of the Washington considerations. These include

- large geographical distances to travel to clients;
- extended role demands covering a wide range of problem-solving activities;
- separations from professional support systems and traditional agency supports;
- increased visibility of social workers;

- social structures and power bases differing from urban areas;
- scarcity of formal resources.

The Washington School of Social Work also found that child welfare rural practice settings could promote empowered families. Factors such as a focus on ecological and social considerations, as well as the use of teamwork and the blending of multiple helping systems, were found to contribute to rural social work effectiveness. With all of these aforementioned elements in mind, GVAEA molded its style of practice to best suit the needs of its clients and the region it serves. Hence, the evolution of the Intervention Model of school social work within GVAEA occurred.

THE NEW SERVICE DELIVERY STRUCTURE

This Intervention Model is in contrast to some other delivery approaches used in the recent past by AEA School Social Work Departments in Iowa. These AEAs have found it necessary to adhere to the philosophy that school social workers should and need to be involved in every referral for special education. In GVAEA this would result in a disportionate percentage of time spent seeking for problems or dysfunctions that do not exist. Time management factors arise when efforts are made with well-functioning students to determine if any significant changes have occurred since the last contact and if progress is being made in the educational program. This can cause documentation and paperwork to abound. As GVAEA has discovered, this involves a lot of "down time" that could otherwise be utilized by direct intervention with referred students who have existing problems. Through this Intervention Model that GVAEA has adopted, the school social worker is able to provide direct interventions that would normally be available in a more urbanized community and is enabled to reduce the tedious efforts of making contacts where social work services are not necessary nor justified. Monthly and yearly statistics, as a consequence, reflect a true picture of individuals that are directly served.

This Intervention Modality focuses on direct, action-oriented interventions. Group, individual and family assessments, and counseling are the main thrusts of the social worker's efforts. An emphasis on collaboration between school social worker, student, school, family, community, and state agencies is necessitated within the context of maintaining confidentiality. Inter-agency councils and multidisciplinary team meetings have been developed to facilitate these collaborative efforts. This is in line with the reasoning supplied by Mermelstein and Sundet: "Resource availability is a big problem. Aggressive leadership in networking...is needed" (1986, p. 21). Indirect interventions, such as consultation with school personnel, are frequent and often provide follow up to the direct services offered. Where appropriate and possible, referral and linkage to community service agencies are conducted.

Assessments are for the main purpose of determining the presenting problems, underlying causes, and for planning an appropriate course of intervention. The student is perceived "in system," i.e. as part of a family, a school, a community, etc. Interventions involving these different aspects of the student's ecosystem are common. In line with this reasoning, individuals are seen holistically as physical, mental, emotional, and spiritual beings. The Intervention Model attempts to individualize the persons served, maintaining the capacity to be flexible and adaptable. It is a modality that enthusiastically provides a caring, supportive counseling environment as direct interventions are delivered. Three areas of focus are used to develop and implement these individualized interventions:

1. The presenting primary and secondary problems are assessed and evaluated.
2. The student is seen "in system," with the relationship between school, home, and community discerned.
3. Intervention is offered as soon as possible within a supportive and caring relationship, often at the first contact.

GVAEA school social workers, using these three areas, work to assist the school in providing an environment in which the student can learn and grow educationally to the maximum of his or her potential. As Moore and Powe indicate in their article on school social work in a rural setting: "The public school system offers the most beneficial setting for the effective use of social work in preventing the problems of school age children..." (1980, p. 75). The school social work program

> is centered on the belief that the main purpose of any educational system is to provide educational opportunities for all children that will enable them to maximize their potential

> creatively and usefully. Individual counseling, group sessions and referral to appropriate social agencies are all preventive methods which seek to help the child better utilize the educational resources of the school. (Moore & Powe, 1980, p. 75)

Staudt (1989), in her analysis of school social work, indicated that Individual Building Service Plans for school social work services performed near the beginning of the school year would increase the effectiveness of social work practice and would help to clarify the school social worker's role. Finding this to be true, Individual Building Service Plans are conducted by GVAEA school social workers early in the school year to determine individual schools' perceptions of what school social work services are needed. The administrators, teachers, and staff surveyed by this method are asked to prioritize school social work services, according to the needs of their school. The 10 possible services offered are as follows:

1. Explain to parents/guardians their child's educational program.
2. Consult with teachers about situations in or out of the school environment that may affect his or her learning and propose interventions that may be helpful to the student's ability to function at school.
3. Provide a social assessment on those students whose social, emotional, or behavioral functioning is interfering in the learning process. Depending on the situation, this assessment may consist of student observation, student interview, teacher interview, parent interview, and parent/teacher completion of various rating scales. The goal of the assessment is to determine the appropriate interventions that are needed.
4. Provide individual and group student counseling.
5. Provide parent or family counseling.
6. Serve as a member on staffing teams on an as-needed basis.
7. Deal with and effectively handle crisis situations or serve as a member of GVAEA's Crisis Intervention Team on an as-needed basis. Crisis situations are treated as a top priority, and adequate resolution or referral is obtained before prioritizing of the situation is lessened.
8. Serve as a member of the Student/Teacher Assistance Team at education agencies on an as-needed basis.
9. Provide inservices to educators and/or parents.
10. Provide referrals to the appropriate agencies/services when situations and needs dictate.

While emphasis is given to special education students, school social workers also become involved with other students on a short-term basis, if needed. The following behaviors or characteristics may indicate a need for school social work services:

- Frequent fighting and aggressive behaviors;
- Excessively shy or withdrawn behaviors;
- Recent loss or grief;
- Defiance and insolence;
- Trouble making and keeping friends;
- Poor social skills;
- Evidence of excessive family difficulties seen at school;
- Stealing;
- Lying;
- School avoidance;
- Other such behavioral and emotional concerns.

In addition to counseling services, teacher consultation is a common response to these problems.

CONCLUSION

GVAEA has continued to evolve its Intervention Modality since its first year of service in 1989. With its emphasis on aiding the school system in providing the most appropriate education possible to its students, the Intervention Modality has proven to be of tremendous asset to all the systems involved, i.e. student, school, family, and community. It has given GVAEA the needed tool to empower the people of this rural and impoverished region to overcome the barriers prohibiting many in receiving their rightful education.

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THE FORMATION OF THE SCHOOL SOCIAL WORK ASSOCIATION OF AMERICA

Charlene Struckman

ABSTRACT

This article provides a brief history of the events that preceded the school social work leadership retreat that was held in Illinois in July, 1994. Several participants' experiences show the similarities and differences in school social work practice that exist from state to state. Such shared experiences affirm the value of school social workers learning from one another in a national forum. Reasons behind the growing consensus to establish a separate national school social work association will be described.

The School Social Work Association of America was formed on Sunday, July 24, 1994, in Edwardsville, Illinois. Sixty school social workers from 19 states, including Jim Clark and Charlene Struckman from Iowa, met on the campus of Southern Illinois University for 3 days. On Friday evening, after an afternoon of small group brainstorming and large group sharing, the decision was made to move forward to create a new national organization for school social workers. The process of defining the organization began on Saturday On Sunday an interim steering committee was named and a statement of purpose was written. The statement of purpose reads as follows:

> The School Social Work Association of America is dedicated to promoting the professional development of school social workers to work with students and their families in order to enhance their education experiences. This will be accomplished by
>
> 1. Offering opportunities for ongoing professional development.
> 2. Opening nation-wide channels of communication and information sharing.

3. Responding in a timely and efficient manner to the changing needs of school social workers.
4. Influencing public policy and educational issues.
5. Demonstrating school social workers' effectiveness through evaluation and research.
6. Linking home, school, and community on behalf of students and their families.

The nine persons named to the steering committee were Lorraine Davis (Wisconsin--at large), Daisy Westra (New York--at large), Frederick Streeck (Washington--National Coalition of School Social Workers), Doug Riley (Georgia--Southern School Social Work Council), Nina Neupert (Wisconsin--Midwest School Social Work Council), Renee Levine (Pennsylvania--Northeast Area School Social Work co-delegate), Sheila Schwartz (New York--Northeast Area School Social Work co-delegate), Corrine Anderson-Ketchmark (Washington--Western School Social Work Alliance), and Randy Fisher (Illinois--at large), Chair.

THE DECISION-MAKING PROCESS

The decision to form a separate school social work organization was not easy for the 60 participants. The journey to that point in time had been laborious and complex. Significantly, school social workers had been among the five professional membership associations and two study groups that merged on October 1, 1955, to create the National Association of Social Workers (NASW) (McCullagh, 1994).

School social workers developed their first association, the National Association of Visiting Teachers and Home and School Visitors, in 1919. This was less than 20 years after the emergence of the first school social workers, who were called "visiting teachers" (McCullagh, 1994). These early school social workers attempted to identify with both education and social work. Over time, however, the identification with social work became stronger (McCullagh, 1994).

Since 1955, NASW has grown to become a large national membership organization made up of social workers from many different settings. School social workers have become a very small minority, estimated at 6 percent, of the total NASW membership.

Substantive issues in school social work have not always been addressed adequately by NASW. Especially after a reorganization that resulted in the abolition of the NASW Education Commission in 1991, dissatisfaction among school social workers has grown stronger.

This dissatisfaction resulted in a leadership meeting, held in St. Paul, Minnesota, on October 5, 1991, to discuss national issues for school social workers (School Social Work Leadership Meeting, 1991). The 30 participants, including Al Flieder and Jim Clark from Iowa, considered such issues as certification or licensure for school social workers, networking with counselors and psychologists at the local and national levels, the use of paraprofessional aides, the role of BSW level social workers in schools, the need for state consultants, the changing roles of Individuals with Disabilities Education Act funding for school social workers, and public awareness of school social work. The need for a national school social work organization was addressed then by the participants.

The decision was made to not form a national organization at that time, but rather to develop a national agenda by creating a committee called the School Social Work 2000 Planning Committee, which consisted of three members--Lyn Lewis, Kentucky; Bob Goodwin, Kansas; and Frederick Streeck, Washington (School Social Work Leadership Meeting, 1991). This committee gathered information and made a number of recommendations, which included establishing a National Clearinghouse on Best Practices in School Social Work with an Advisory Committee and fundraising effort to support it. The Committee also recommended that a national conference be held (School Social Work Leadership Meeting, 1992).

From the work of the Social Work 2000 Planning Committee and the discussion at a leadership meeting held in Illinois in 1992, the decision emerged to create the Clearinghouse and its nationally-representative Advisory Board. On Saturday, January 23, 1993, an historic meeting took place in Seattle, Washington. On this date the new National Coalition for School Social Work was established in order to pursue the recommendations from the School Social Work 2000 Planning Committee. Jim Clark and Al Flieder represented Iowa on the Coalition.

At a Midwest Council meeting in March, 1994, discussion centered around the creation of a national organization. It was difficult to pursue the charge of the Coalition without an organization and the ability to generate sufficient resources. The Coalition had sought out funding sources but with only limited success.

Randy Fisher indicated that Illinois was planning a summer retreat at Edwardsville in July, 1994. Illinois was willing to contribute $2000 in order to make the retreat a national gathering charged to discuss possibilities and barriers to creating a national organization. The Midwest Council voted to support such a retreat and recommended that an outside facilitator be hired (Midwest School Social Work Council, 1994).

The invitation then went out to school social workers across the United States to come to Edwardsville. Some who came had been involved in the work of the leadership meetings and the Coalition, and they were ready to develop a framework for a national organization. Many others, however, came with less awareness of the need for a national organization. At the Edwardsville gathering many participants expressed support for working within the structure of the newly emerging Social Work Section of NASW in order to strengthen that organization's efforts on behalf of school social work. As the afternoon and evening of Friday, July 22, 1994, concluded, a strong consensus to build a national organization for school social workers separate from NASW was also emerging. These two positions, to strengthen school social work within NASW or to form a new, separate national school social work organization, seemed deadlocked. Then a new idea, providing a bridge between those two points of view, began to take shape. Jim Clark, from Iowa, was one of the participants who suggested that a choice did not have to be made and that it was possible to do both.

This third option, forming a new national school social work organization as well as strengthening the position of school social work within NASW, won the day. This idea of creating a new national organization with close ties to NASW appealed to school social workers who had been frustrated with their minority status in NASW and the National Education Association. After a day of discussion, a sense of unity was building among the participants. As each voice rose to fill the room, a new accent could heard. School social workers form New York, Texas, Georgia, New Mexico, Oregon, and a number of midwest states joined in the discussion. Although the voices and accents were different, the feelings and needs expressed were in harmony.

Small group discussions and frequent breaks provided opportunities for participants to share their experiences. As they did this, many differences in the delivery of school social work services became apparent. Similar professional goals and critically significant service delivery experiences were also apparent. Participants began to see the value of school social workers learning from one another in a national forum.

SERVICE DELIVERY: THE WAY IT IS

Margaret Prentiss and Melanie Holt came to Edwardsville from Georgia. They described the role of school social workers in Georgia and provided materials from their state association. Like school social workers in Iowa, they are often spread thinly over large rural areas. Their responsibilities, however, include services for both regular and special education students. In the rural areas of Georgia school social workers are still sometimes called "visiting teachers." In order to qualify for a renewable professional certificate to practice school social work in Georgia, an applicant must complete an approved program in school social work at the masters level or higher (Department of Education, 1993). School social workers in Georgia assess and intervene to facilitate the social, emotional, behavioral, and adaptive functioning of students. The most prevalent services include conferences with parents, families, students, and school staff.

Renee Levine, past present of the Pennsylvania Association of School Social Work, described school social work practice in Pennsylvania. Her state organization has 110 to 135 members. Certification is provided under the title "Home and School Visitor," as in Georgia, a reminder again of school social work's roots in the visiting teacher movement. Workers may be called "home and school visitors" or "school social workers." Not everyone hired in these positions has the appropriate certification. Certification of persons performing social work tasks in the schools was a concern voiced by many state representatives.

Levine indicated that school social work personnel in her state serve all children, both in special education and regular education. They participate in child study and multidisciplinary teams that provide special education services. They also may provide other services. For example, Levine is the coordinator of a program for pregnant and parenting teens in her district.

Levine described a system with Intermediate Units that sounds similar to Iowa's AEA structure. In Pennsylvania there are three levels of educational systems--the state level, the Intermediate Unit level that includes 29 intermediate Units covering 67 counties, and the local school district level. The state of Pennsylvania previously provided funds under P.L. 94-142 through the Intermediate Units. Now these funds are given directly to districts that use them to purchase services from the Intermediate Unit or to provide their own services. The trend has been for the local districts to provide their own services.

Corrine Anderson-Ketchmark, President of the Washington Association of School Social Workers, indicated that in Washington a school social worker may be called "student assistance specialist," "behavior interventionist," "intervention specialist," "school social worker," "school counselor," or "family support worker." Certification requires an MSW to practice as a school social worker, although the certified person can fill any of the positions mentioned above. While school social workers can be school counselors, school counselors cannot fill a school social work position. The "student assistance specialists" are funded through regular education dollars. "School social workers" were more likely to be funded through special education. Some positions have mixed funding.

Anderson-Ketchmark is often the case manager for behaviorally disabled children. She makes referrals to other agencies, works with resistant families, does social skills training, group and individual counseling, consultation with principals and teachers, and sometimes chairs the multidisciplinary team. She described a close working relationship with school psychologists in her state. Anderson-Ketchmark's assignment is exclusively in the area of special education, but she does do short-term interventions with students before identification for special education assessment.

Ann List, a participant from New Mexico, indicated that there are two licenses for school social workers in New Mexico. One is a state license and the other is an education license. School social workers must have both in order to practice in the schools. In New Mexico, however, school social workers at both the MSW and BSW levels are licensed and hired. New Mexico is one of the states in which school social workers have strong ties to the state NASW chapter, and, as a result, representatives from this state were hesitant to support a national organization that might be perceived to be in competition with NASW. This was a specific concern expressed by many other participants.

CONCLUSION

These and many other interchanges indicate that, while many differences exist in the degree levels, types of certification and licensure, funding structures, and title, school social work itself is very similar from state to state. Shared experiences at the Edwardsville retreat produced a sense of camaraderie and the belief that much could be gained from close professional association. The school social workers who gathered in Edwardsville were accustomed to being a minority within both social work and education organizations. In Edwardsville, however, school social workers found the opportunity to be part of "something" in which they would be the majority, and their agenda would be the first concern.

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ABOUT THE AUTHOR

Charlene Struckman, LSW, has been a school social worker for AEA 7 since 1978 and has served as the agency's social work supervisor since 1984. She also engages in private practice as a clinical social worker and teaches as an adjunct for the University of Northern Iowa Department of Social Work.

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BOOK REVIEW

SCHOOL-BASED ASSESSMENTS AND INTERVENTIONS FOR ADD STUDENTS. By James M. Swanson, PhD, K.C. Publishing, 1992.

James M. Swanson is Professor of Pediatrics and Director of the University of California at Irvine Child Development Center. His stated purpose is "to help educators understand and respond to the new Federal guidelines about ADD (Attention Deficit Disorder)" and "to present the assessment methods which have been evolving at UCI-CDC since 1985." This volume covers the psychiatric and educational definitions of ADD, the current and pending regulations and legislation affecting ADD children, comprehensive assessment, and educational interventions.

Swanson supports the establishment of an educational definition of ADD that is comparable to other educational disabilities. He recommends a comprehensive assessment and presents three teacher rating scales that can be used to assess ADD and suggest intervention strategies.

In Swanson's view, stimulant medication is usually a temporary intervention with limited long-term effects that offers a "window of opportunity" to intervene with other treatments. Behavior therapy offers a more permanent approach to the chronic problems of ADD. Swanson presents background information on behavior therapy and specific applications in the educational setting for ADD students. He advocates for the use of frequent positive reinforcement, enhanced positives, occasional soft reprimands, and very occasional loud reprimands. Development of reinforcement strategies and token systems are discussed and illustrated in detail.

The UCI-CDC staff have formulated three models for school-based interventions for ADD students. These models are The Parallel Teaching Model for mildly impaired students in the regular classroom, the Paraprofessional Model for moderately impaired students who need supplementary services in the regular classroom, and The Multicomponent Model for severely impaired students with coexisting disabilities who need placement in self-contained classrooms. The Parallel Teaching Model trains teachers to scan the room and provide redirection and reinforcement to the ADD student(s) while conducting academic instruction. The Paraprofessional Model trains teachers' aides to use parallel teaching strategies, to implement a token economy system, and to run small social skills groups. The Multicomponent Model uses intensive behavior intervention in a special class, daily social skills training, parent involvement, and double-blind pharmacological trials.

Swanson's book advocates for proven interventions for ADD students in order to improve their classroom performance. He presents the recommended behavioral interventions in sufficient detail so they can be replicated in other educational settings. This book is highly recommended to teachers and other educators who are trying to meet the needs of ADD students in the classroom.

Kate McElligatt, LSW
AEA 7 School Social Worker
Cedar Falls, IA

GAME REVIEW

STOP, RELAX, AND THINK.
Childswork/Childsplay, Center for Applied Psychology Inc., King of Prussia, PA, 1990.

This is an excellent psychoeducational tool for helping children learn and practice techniques for self control. It is a valuable game to help impulsive children begin to think before they act. It is recommended for children ages 6 to 12 and is designed for 2 to 6 players.

The three major areas covered in the game emphasize skills in controlling motor behavior, learning relaxation, and problem-solving techniques. The reviewer has used this game and has found that children respond well to it. Children can begin to use the basic concepts of verbalizing rather than acting out problems. The techniques can then be reinforced with each individual child and generalized to other settings for the maximum learning experience.

Lora Hight, MSW, LSW
AEA 14 School Social Worker
Creston, IA

BOOK REVIEW

TIME OUT: ABUSES AND EFFECTIVE USES.
By Jane Nelson and H. Stephen Glenn, Sunrise Press, Fair Oaks, CA, 1992.

This easy-to-read book provides practical, step-by-step guidelines for parents and educators to encourage self-discipline, cooperation, and problem-solving skills in children. Although time out is one of the most popular disciplinary techniques used in homes and schools, it is often a humiliating and discouraging experience for children. The authors emphasize, therefore, that time out can be a positive experience that helps misbehaving children cool off, feel better, and change disruptive behavior to constructive behavior. They explain the difference between positive uses of time out that create an atmosphere of mutual respect and humiliating uses that hurt the child's dignity and self-esteem. The authors elaborate on understanding the goals of misbehavior, eliminating punishment and reward, the appropriate use of logical consequences, and getting children involved in solutions. By implementing the strategies in this book, parents and educators can encourage positive, long-range results in children by helping them assume control and responsibility for their own behavior.

Sandra Sickels, MSW
AEA 14 School Social Worker
Creston, IA

ANNUAL MEMBERSHIP MEETING

SCHOOL SOCIAL WORK ASSOCIATION OF AMERICA

July 28, 29, and 30, 1995
Minneapolis, MN

*Agenda:

- Approve the constitution and bylaws
- Nominate a slate of officers
- Refine the work of the steering committee
- Attend workshops

For information about registration, contact

Randy A. Fisher, Chair
School Social Work Association of America
P.O. Box 2072
Northlake, IL 60164

(H) 708-869-3692 (W) 708-455-5020 (Fax) 708-869-1902

*Details forthcoming

ANNUAL MIDWEST SCHOOL SOCIAL WORK CONFERENCE

"School Social Workers Creating Communities for Change"

September 28, 29, and 30, 1995
Blackhawk Hotel and RiverCenter
200 E. 3rd Street
Davenport, IA 52801
319-323-2711

For information about registration, contact
Bonnie Ybarra
Mississippi Bend AEA
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BOOK AND FILM REVIEWS

Reviews of books or films are encouraged as long as they relate to issues that are significant to social work. Reviews that are submitted for publication should be double-spaced and typewritten. They may be brief in nature or feature more detailed information. Authors are encouraged to send a computer disc as noted above.

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